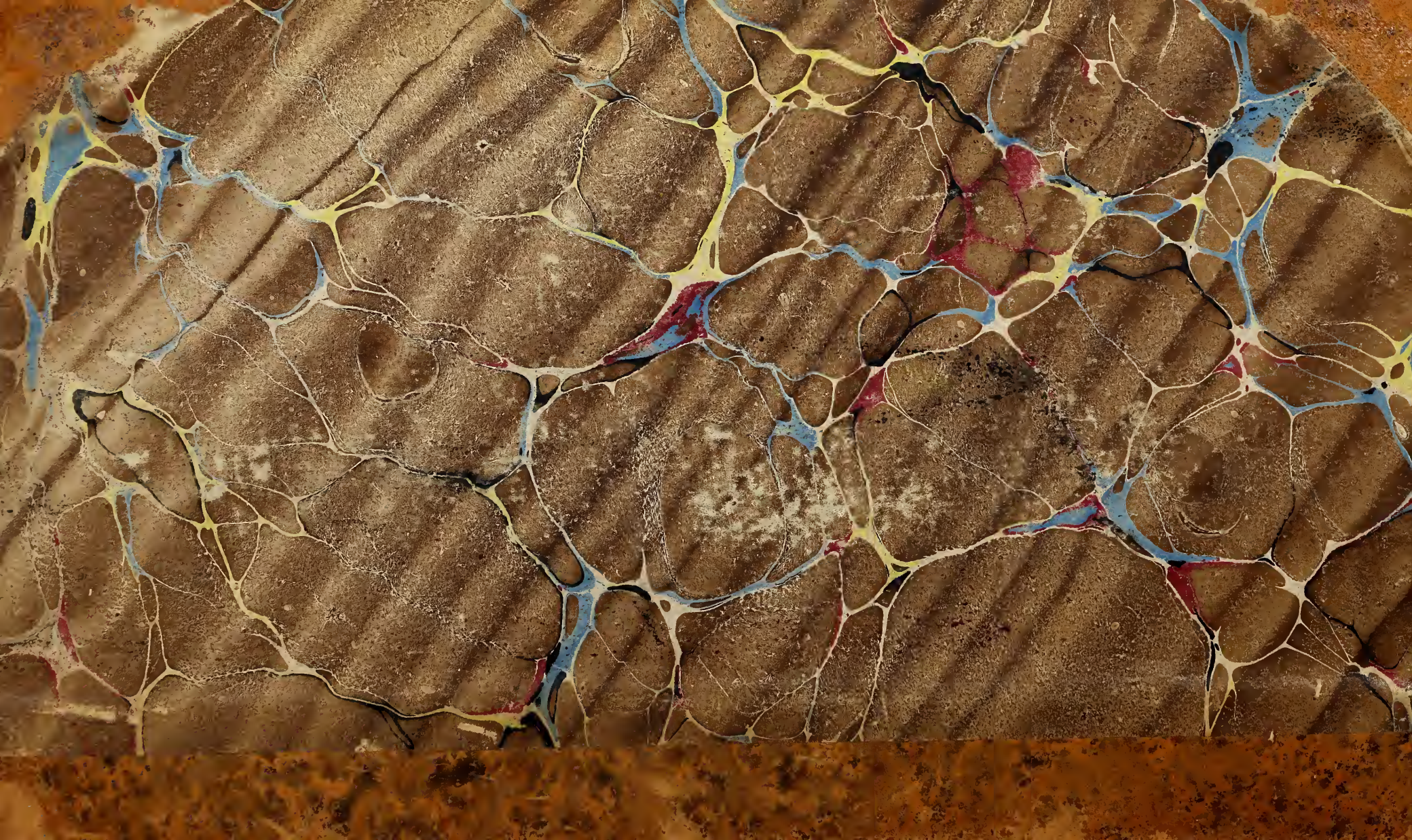

"In Austria, the prerequisite to a medical is a liberal education. Five years are there required for the study of medicine. The course of studies and the routine of subjects are well arranged; and the student is obliged strictly to adhere to them, in the manner and according to the orders marked out to him by the board of medical directors. Students wishing to take out the degree of doctor of surgery are obliged, in addition, to attend the surgical clinique, and lectures upon the practice of surgery, during the fifth year; and, as these lectures often take place at the same hour with ophthalmic cliniques, the pupils are compelled to attend the latter in the first part of the sixth year. Those who wish to become master-accoucheurs are required to attend two additional months in the obstetric clinique. During the course of these medical terms, they are examined every six months by one of the professors, in order to ascertain what proficiency they have made; and no one can obtain the degree of doctor of medicine or surgery who has not a certificate that he has been through, and is well acquainted with, all the required studies." *

The requirements in Prussia are much the same as in Austria.

How is it in France? The course of medical study at Paris occupies four years. Before commencing the study of medicine, the candidate must be a bachelor of science, or be prepared to pass an examination in the studies required for that degree. Four times a year, he is obliged to inscribe his name on the books;

* Wilde on "Medical Institutions in Austria."

thus giving evidence that he is present during the whole year. He is required to perform a great amount of dissecting; and, during at least a year, he must serve as externe in a hospital. After a certain number of inscriptions, he is allowed a ticket to the Lying-in Hospital, and can enter, whenever notified, for practical instruction. At the School of Medicine, two courses are given annually by different sets of professors; and, in addition to these, two other courses of clinical lectures are given in the great hospitals by other professors, — one corps lecturing in winter, and the other in summer. Besides the regularly established courses, there are numerous clinical lectures given by hospital-physicians who are not professors, such as Ricord, Cazenave, &c. Courses are also given, under the sanction of the Faculty, at a series of amphitheatres attached to the dissecting-rooms, where great pains are taken to illustrate the subjects taught. The student must pass an examination at the end of each year; and, if he does not show a proper degree of proficiency, he is not allowed to continue his studies. Having completed his course, he must prepare a thesis, and place printed copies of it in the hands of the professors. He passes through five examinations: at some of these, questions are given him in writing; and he is allowed to retire to an adjoining room for twenty minutes, and prepare a reply. One of the five examinations takes place in one of the hospitals, where he is required to make a diagnosis and prognosis, and state the treatment he would

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MEDICAL COMMUNICATIONS

OF THE

MASSACHUSETTS MEDICAL SOCIETY.

WITH AN APPENDIX,

CONTAINING THE PROCEEDINGS OF THE COUNCILLORS AND OF THE SOCIETY.

VOLUME IX.

SECOND SERIES. — VOLUME V.

IN SIX PARTS.

BOSTON:

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ARTICLE I.

SEARCH OUT THE SECRETS OF NATURE.

BY AUGUSTUS A. GOULD, M.D.,

OF BOSTON.

READ AT THE ANNUAL MEETING, JUNE 27, 1855.

When Harvey instituted the Oration which bears his name, and which is annually pronounced before the Royal College of Physicians, he indicated the spirit in which he would have it conducted, and the direction to which he would have it tend, in nearly the following words: —

"To maintain friendship, there shall be at every meeting, once a month, a small collation, as the President shall see fit, for the entertainment of such as come, and, once a year, a general feast for all the Fellows; and on the day of such feast shall be an oration, ... by some member, ... in commemoration of the benefactors by name, and what in particular they have done for the benefit of the College, with an exhortation to men to imitate; and an exhortation to the members to STUDY AND SEARCH OUT THE SECRETS OF NATURE, by way of

experiment; and, for the honor of the profession, to continue mutually in love."

Were there no other evidence that the illustrious man who dictated these words, like every other man who makes his way to eminence in any calling, had a thorough and philosophical insight into human nature, as well as a just conception of the only true method of making real advances in science, the above brief platform would afford an ample testimonial. Conviviality, for the maintenance of friendship and harmony; a rehearsal of the virtues, labors, and attainments of our predecessors, for our imitation and encouragement; and an appeal in behalf of nature as our sure guide, and the source from whence all the yet unacquired secrets of our art are to be derived.

Happily, this association is modelled upon the same general plan, and has for its object the same general purposes, to be attained by similar means. The District Societies have their occasional meetings, and their collations, which, we have ample assurance, have tended essentially to the promotion of friendship and neighborly courtesies; have brought into contact good men and true, who would otherwise have kept aloof from each other; and have rendered almost impossible, after a participation in each other's hospitality, those jealousies and interferences which have too often disgraced the profession. And now we have our annual general feast for all the Fellows, in which, if in nothing else, we doctors can cordially co-operate; where theories are all reduced to first

principles, and result in uniform practice; where feuds are forgotten, and friendships are cemented, under the genial influences of good cheer; and all conspires to induce us, in the words of our theme, to "continue mutually in love," and thereby insure the honor of the profession. The further elucidation of this point, however, will be deferred to the prescribed hour for the feast; and we shall proceed to the legitimate object of the oration, — namely, to commemorate our departed associates, and to exhort the members "to study and search out the secrets of nature."

First, let us discharge the solemn duty of paying our tribute to the worth of our departed associates. So far as I have been able to ascertain, twenty-six of the immediate and retired Fellows of this Society have deceased since our last meeting. They were taken from all ranks, as regards age, experience, and active usefulness, — some of them in the enjoyment of the confidence and emoluments which are the avails of a successful career; and some just entering upon the long and doubtful course, big with hope, and strong in the consciousness of merit. The number and standing of those who were taken from the ranks of one single year, — the year 1824, — are quite remarkable. They were, Christopher Deane, Zabdiel B. Adams, Rufus Longley, and J. Stearns Hurd; — Adams, whose countenance, radiant with benevolence and good humor, and whose ever-ready speech, will long be recalled at these our annual gatherings; Longley, whose aid and counsel were sought by a wide circle of physicians around him; Hurd, whose

cheerful spirit and blameless manners endeared him to all who knew him. We mourn also GUITEAU, one of the most devoted and faithful members of the Society, from the western part of the State; GREGERSON and PARKER, whose accomplished manners and cultivated tastes were so remarkable; PARKMAN, whose noble person and manly bearing were but the result and expression of his character; and BURNETT, who, though youngest, if we count his years, must be reckoned oldest, if we enumerate his attainments. These, and many others, have bequeathed to us their virtues, their example, and the sum of their acquirements, and have gone. [See Obituaries, following the Discourse.]

Every one will doubtless assent to the dogma, that nature should be our guide, both in the maintenance of health and in the treatment of disease. "*Natura Duce*," is the chosen motto of this Society. Each one professes to be following her as his leader, and might feel indignant were his loyalty to her to be called in question. And yet, how very few have in reality been at much pains to ascertain her laws, or to observe the facts on which they are based! How very many rely upon books alone for instruction, and are content with what they gather there; who expect to find diseases in the sick-room just as they are laid down in the books; who adopt modes of treatment and remedies for no reason which they can understand, except that they are found recommended! Such was not the course pursued by those who, in all ages, have been the great lights of medicine, and

who have written the standard works of our science. Not that I would depreciate books, or harmonize with those who vaunt themselves on an experience so extensive as to render books superfluous. Books are indispensable. They bring us into the presence of the wise men of all time; they are the storehouses of the knowledge of the past; and, to those who are capable of interpreting them, they give, at short hand, the invaluable results of the painful and protracted labors of the scientific observer. But, in order to be able rightly to understand such results, and to discriminate between what is reliable and what is baseless, one must have been somewhat trained in the school of observation; otherwise he will be in much the same case as a person who reads a language which he has not learned to interpret. He may, indeed, read the words, but will gather no instruction from them. Just in proportion as we become familiar, by observation, with the great laws of nature, shall we be better able to profit by the teachings of the great masters, and to rightly apply them in practice.

As Nature is to be our theme, it seems necessary to define what we mean by the term. We are accustomed to speak of nature as an intelligent agent, exercising a sort of universal sway over the works of God; but it is a complex term, including all those laws imposed by the Creator, according to which two or more substances, or attributes, or minds, under given circumstances, act upon each other in a definite manner. In general, we ascribe to nature all results in which the agency of man is not involved; and then

we employ the term "art." Art, indeed, is but an imitation of nature, or such a combination of her laws as to produce a proposed result with certainty and constancy. Nature furnishes the marble, and art makes the statue after nature's model. Nature has certain laws of gravitation, expansion by heat, and contraction by cold. Art combines them in such proportions as to set in motion the steam-engine. Nature has arranged it so that certain dead elements shall be converted into living tissue; but, while no art is capable of constructing a living organism, it can supply the elements indicated by nature, which that organism, if left to itself, might often fail to obtain, and would consequently perish; or can regulate the supply, so as to secure the most desirable results. Many of nature's laws are already well understood; and nothing remains but to extend the knowledge of their application. These are, for the most part, laws which relate to mere matter; but the laws of life, those relating to living organisms, are far less understood; and these it is the special province of medical science to scrutinize and develop. These are the secrets of nature which you are to be exhorted to study and search out. We are to investigate the laws of living bodies in particular, and of all matter in general; and all our researches are to be made subservient to our calling as medical men; namely, to prolong the life, maintain the health, and remove or mitigate the maladies of man. The whole circle of science is more or less involved in a full comprehension of the microcosm, man. No man, indeed, can be expected

to make himself master of all science; but he can render himself proficient in some one or more of its branches. Some of them, as chemistry, botany, electricity, and magnetism, are indispensable; and the more of them he is able to pursue, the more clear will be his comprehension of the work before him, and the more numerous his resources in the healing art; since all our interference must be imitations of nature's own operations. All advances in medicine, as in other sciences, have been gained by a close study of facts as observed in nature. No one has ever added any thing valuable to the stock of medical knowledge who has not been a diligent student of nature; and whoever expects to make any positive advances in future, must pursue the same track. Theories, to be enduring, must be found to coincide with her laws; and no man can be capable of framing a substantial theory who has not become deeply versed in them from actual observation. No conclusion has ever stood the test of time, and gained general consent, that is not in conformity to them.

In pursuing our inquiries, we may arrange our ideas as they relate to the study of medicine, the diagnosis, and the treatment of disease.

And, first, we may allude to medical education.

To be properly qualified for an appreciation of the laws of nature as pertaining to our art, a thorough study of physiology is requisite. Though, strictly speaking, physiology is termed the science of life, yet, as ordinarily understood, it includes all the processes, whether vital, chemical, or mechanical, which go to

originate and build up a living structure, and maintain its integrity; so that our studies in this department must lie, for the most part, in the investigation of nature's laws. All the phenomena of life, from the earliest development of the embryo to the culminating vigor of manhood, embracing each and every organ and tissue of the body, and the manner in which they are singly and collectively affected by the external agents on which they depend or with which they may come in contact, pertain to the study of physiology coupled with anatomy. Then come the laws of disease and decay. To become masters of these, is the great and ultimate end to which we aspire; and their baneful effects it is the purpose of our art to remove or counteract. But disease and decay are simply deviations from health and progressive development, induced by the influence of external causes, or by the gradual failure of the organism from use; these call for a modified action of the reparative processes, in aid of which our skill is demanded. After the anatomical structure of the body, then, which is only to be fully and understandingly attained by comparison of the structure of one animal with that of another, our next step should be to become thoroughly acquainted with the laws of life and health. Let every manifestation of them, as they are exhibited in external form and aspect, and in those internal processes whose effects and results only can be seen, be minutely and thoroughly understood. To the structure and functions of the healthy body, and the agencies by which they are built up and sustained, we believe that

at least the first half of medical pupilage should be devoted.

This, we fear, however, is seldom done. The pupil conceives the idea that the vocation of his life is to ferret out and contend with disease; and that, the sooner and more exclusively he grapples with the foe, the sooner will he be able to defy it and achieve easy victories. He imagines diseases to be distinct entities, which may be recognized and studied each by itself, as he would study a mineral or a plant in its isolated simplicity. He does not know, or he does not consider, obvious as may be the idea, that disease is a deviation from health; that he must be familiar with health before he can recognize the deviation; and that the laws which govern the healthy system are the weapons by which he is to exterminate disease. Would the botanist commence the study of his science by an examination of flowers hypertrophied and rendered fruitless by cultivation, or atrophied and disfigured by blight and mildew? He might, indeed, find such specimens very curious; he might become familiar with their aspect, and accurately describe them; possibly, by empirical experiment, he might arrive at some process by which the natural condition could be restored; but he could have no proper understanding of the nature and cause of the deviation, nor could he apply any rational remedy. What anatomist would think of commencing his studies by the dissection of hare-lips, club-feet, and acephalous monsters? Just so is it in the study of disease and the application of reme-

dies. To begin with the study of aberrant, rather than of normal phenomena, is simply absurd. The light we derive from the observation of disease is indirect. We study it as contrasted with health, from which it is a departure; and the healthy condition we must well know before we can clearly comprehend the deviation, however graphically it may have been described. The disturbing causes and the deranged mechanism must be understood before we can rationally interfere, and, by well-chosen remedies skilfully directed, restore the natural processes. Is it not plain, that the shortest way to arrive at the knowledge of disease and its rational treatment is by restraining the pupil in his eagerness to investigate disease, until, by a prolonged attention to anatomy and physiology, — much longer than is ordinarily given, — he first becomes fully acquainted with all the phenomena of life and health?

The DIAGNOSIS of diseases calls into requisition all the knowledge which can be derived from an accurate and extensive observation of the body in health, — as to its external appearances and internal operations, and, of course, all the departures from them; all the phenomena revealed by physical signs, including chemical tests and the microscope; and finally, after facts are gathered from every source, they are to be combined, reasoned upon, and a conclusion drawn. To arrive at a full and accurate diagnosis of a disease, and determine satisfactorily the seat, extent, and nature of it, may be regarded as the highest achievement of our art, and requires faculties of the highest order. Very

few ever arrive at such exalted skill in diagnosis as to be able, promptly and fully, to pronounce with confidence and certainty upon the great majority of diseases as they present themselves; and, among those few, there are still fewer who combine with it skill in treatment. A Velpeau is almost a miracle.

Diagnosis has less to do with the laws of nature, and more with the reasoning powers, than has physiology. Yet, to show how much an application of physical laws has done for medicine, we need only refer to the rapid and positive advance which has been made in the diagnosis and treatment of diseases of the thorax by means of physical signs. May we not hope that, by somewhat similar applications, we may arrive at a far better detection and discrimination of intra-cranial and abdominal affections than we have yet attained?

A disease or an injury exists. Is our patient to die or recover, is the important question. Are we to leave him to himself, or are we to cure him? I need not say that we are to *cure* him, in the primitive sense of the word; we are to *take care* of him, and restore him, if we can. This, of course, is not always possible, however much the world may demand of us. Death is to be expected from the analogy of nature; it must finally arrive to each one of us. We are not on that account to sit down spell-bound, and passively await the fatal stroke. Nature herself has provided remedial agents, and has indicated their application in many instances. By her unaided efforts, she resists and repairs injuries which would otherwise certainly end in death; but in other instances she fails. How

far, then, and in what sense, may we trust to Nature in the cure of diseases? and under what circumstances are we called upon to resist or promote her processes?

The occasions demanding the intervention of the healing art may be either for mechanical injuries, vices of nutrition, derangement or special action of the functions of individual organs, or a general affection of the system from the introduction of morbific poison.

In the case of mechanical injuries, there may be either rupture of continuity, or loss of substance. Is there any way by which we can, by mechanical means, produce a union of cut or ruptured surfaces? It is plain that we cannot. No rivets or sutures will answer the purpose. We can place the parts in nicest apposition, and apply splints, bandages, and plasters; but Nature herself must throw out the plastic lymph and the earthy matters, and produce the union. Can we supply lost substance, and cover it with skin? No; but we can amputate limbs and excise tumors, and can reduce the exposed surface to the smallest practicable dimensions; we can cleanse ulcers, promote healthy and speedy granulation, and induce Nature to add new substance; and she alone can add it. All we can do is to secure for Nature, in a way most comfortable to the patient, the most favorable circumstances for her operations; and, by careful adjustment, pruning here and promoting there, to render seemly and useful what might otherwise have been hideous and inconvenient. The same is the case

in all other instances of surgery proper. We may couch the cataract, and substitute an artificial lens, cut out the head of a bone, or slice off a severely contused surface, instead of waiting until it separates by natural process: but we cannot cause a new lens to grow; we cannot maintain the original length of the limb by any substitution of bone or other substance; nor can we, by replacing the flesh and skin from other sources, supply the lost substance. We may aid Nature; but we cannot do without her.

Another series of maladies may be ascribed to vices of nutrition, which may have been derived from parents, or induced by abuses, or by privations in the way of the comforts of life, — air, exercise, diet, and protection. There is a tone and adjustment of the system which insures vigor, and involves only the common decay incident to every living thing. Any considerable disturbance of this adjustment must entail permanent disorder. So long as the removal and replacement of matter go on within the limits allowed by nature, the proper structure of an organ is preserved; but, if either of them be greatly exaggerated, there will be disease and destruction, if the change be rapid; or, if slow, there will be chronic and obstinate, if not incurable alteration. External causes are constantly operating to produce such a disturbance. Hence the great variety of morbid conditions, as manifested in hypertrophies, atrophies, softening and induration, malignant growths, &c.

Here, then, is required a most searching scrutiny of nature. We are to ascertain the exact office of each

organ, and the due proportion of duty belonging to each; what organ is supplementary to another, and may be made available for its relief; what agents are the special stimulants or sedatives for each organ; and, finally, we are to determine in what respect and in what degree there is a departure from normal action. Alas! how little of all this is, thus far, known! And yet all must be known before we can remove in the greatest possible number of instances, or palliate in the greatest possible degree, these most discouraging and discomforting of all maladies. The field is here all open for scientific investigation. Nor need we despair; for the microscope is disclosing the structural changes of the tissues, and chemistry is declaring the constituents and precise proportions of the fluids, and of the ingesta; so that we may select what is least injurious or best calculated to compensate for deficient or imperfect secretions. We need not despair, I repeat, that even diabetes, scrofula, tubercle, and cancer may yet yield to the resources of rational medicine. Unlike the series before mentioned, these diseases are not local, but constitutional, affecting internal glandular structures; no one of which, nor any considerable portion of any one, can be dispensed with, without destruction of life. Every thing, therefore, must here be done in the direction of Nature's own operations.

Passing by those affections which result from a derangement or special action of individual organs, as they relate to the preceding group much as parts relate to a whole, we proceed to those general, and,

to a remarkable degree, definite and self-limited diseases induced by pestilential miasmata, and which are now usually grouped under the general term of zymotic diseases; such as the various forms of fever, dysentery, cholera, smallpox, &c. These are, indeed, the purest forms of disease. They arise from no vice of the constitution, no derangement of single organs, no mechanical injury; but are induced by some subtile agent, which the patient and vigilant application of all the means thus far at our command have failed to detect; often pervading, at the same time, extensive regions, and sometimes, if not always, communicable from one person to another. It is by far the most important group of all others; and the prevalence or absence of the diseases included under it is the gauge of the sanitary condition of any locality or region. No class of diseases has been so thoroughly studied; and the resultant phenomena are well known. Many of the exciting causes are also well understood; and, by the removal of them, multitudes may be saved who would otherwise contract disease. But no theory has yet led us to the primary cause, the morbific poison, — nor ever will. If it is ever detected, it must be by a further scrutiny into the secrets of nature. The emanations from the soil and waters, and the meteorological state of the atmosphere, will yet be so analyzed as to yield up the secret; and, if we shall not be able to annihilate the poison, we may learn to avert or avoid it.

Let us now advert to the treatment of disease. Whether disease be regarded as a destructive process,

which must be directly encountered and subdued, or whether it be a healthy process, instituted for the expulsion of destructive agents, which we are to promote and keep within due limits, we are alike under the necessity of taking Nature for our guide, and of following her indications in the management of them. For many centuries, and in various ways, it has been discussed, whether we should take the entire management of disease into our own hands, and expel it by specific remedies and heroic treatment, or leave it entirely or mainly to the course of nature. The *vis medicatrix naturæ* and the *expectante treatment* are terms familiar to every one. A class of diseases has been appropriately denominated "self-limited;" and recently we have had presented to us two medical publications under the title of "Nature in Disease." The opinion is by no means a rare one among the people at large, that medical treatment is of little value. Indeed, when we ourselves consider the large proportion of patients, both in savage and civilized life, who recover, not only without treatment, but under all systems of treatment, and in spite of the grossest abuse of treatment, we may well be inclined to undervalue the resources of Art, and exalt the powers of Nature. Were the powers of Nature unlimited, and were her original processes undisturbed, death would not occur; and, even when accidents or limited departures might happen, health would again be restored by her efforts alone, did she not sometimes defeat her own object, by bringing on fatal difficulties in the attempt to remedy those of perhaps minor impor-

tance; or sometimes, by deficiency of energy, fall short of the mark; or, by excessive action, sometimes produce destruction. Nature, therefore, cannot be left entirely to herself: it is for Art to stimulate, restrain, and guide her efforts, and to interfere whenever they are deficient, excessive, or wrongly directed.

That there always has been, and still is, a tendency to over-treatment, is quite certain. It has arisen in some measure, among ourselves and in England, from the practice of having the person who furnished the prescription furnish the medicine also, sometimes taking pay for both, and sometimes for the medicine only. And thus there was a mercenary motive for excessive medication. It has arisen from an inherent love of medicine in some persons; or an impatience under suffering that demands a constant interference, which the physician finds it impossible to resist. Sometimes we are led into it by the importunities of friends, who feel that they have no human hope but in our aid, and expect us to be constantly doing something. Very often it arises from undervaluing or not understanding the resources of nature, and overrating the appliances of art. But most of all does it arise from the imperfection of our knowledge. In consequence of an uncertain diagnosis, a competent understanding of the causes in action, the laws violated or the agents capable of restoring the normal state, we are incapable of adopting at once the appropriate treatment. We try one drug, and it fails; soon another, and it fails; and then a third, and so on; and still no satisfactory impression

is made on the disease; or it may be one of the so-styled self-limited diseases, the normal progress of which no treatment could curtail. With our present imperfect knowledge of many diseases, this is the only course we can take; and it is in this direction that we are to expect to be enlightened by the further interrogation of nature.

Our first object, in the treatment of disease, is to ascertain the thing to be accomplished; then the process by which it may be accomplished. Nature should be our chief reliance; and when the processes she institutes are going on regularly, the less we interfere the better. The province of the physician is to become satisfied of this fact; and, if there is any deviation from the track, or any acceleration or retardation necessary or possible, to determine and apply the appropriate means for the desired end. He is to decide when to act and when not to act. He is to remove obstacles from her path; to incite her when she flags; to sustain her when she seems on the point of discouragement; to check her impetuosity; to interrogate her, and supply those cravings which are generally the indications of her necessities; and, whenever possible, to concur with her in her efforts. He is to be ever on the watch, equally cautious not to act when his action would be either unnecessary or prejudicial, and prompt to aid or interfere when it may be done with effect. He may be compared to the pilot. If the vessel is on its proper course, with a steady wind, as it often is for hours and days in succession, what necessity or propriety is there in constantly agitating

the helm this way and that? Yet the pilot must none the less remain constantly at his post, his hand on the wheel and his eye on his course, ready to act in any emergency. So the physician must be on hand, and vigilantly watch the aspect of his patient and the course of the disease, — quiet, if he is satisfied that all goes right; ready and prompt to interfere if any thing goes wrong.

There are very few cases of disease, however, where the office of the intelligent physician is not of the highest importance. How often does he at once dissipate anxiety and apprehension, more insufferable than disease itself, when he assures the husband or the parent that there is no danger, — that all will go well without his interference even! How seldom is it the case that there is not some doubt to be removed, some pleasant and refreshing arrangement to be suggested, some occasional pain to be removed, something likely to insure refreshing sleep to be administered! I have often been led to compare the progress and comfort of disease when kindly and skilfully treated, and when harshly and inexpertly treated, to the traveller on the railroad or on the corduroy road. By either way he may be equally sure to arrive at his destination; but how different the speed and the comfort! It is truly painful to see the tortures which some will submit to, because they or their friends have recovered under the infliction of them, from some perilous sickness, — made perilous indeed by the remedies administered, rather than by the necessities of the case.

Studying out, therefore, in every case, the indications

and capabilities of Nature, and relying upon her, as we would, so far as may be done with discretion, there will still be demands for medical treatment and remedial means. Setting aside those cases where Nature defeats her own object, — such as the effusions into closed cavities, the destruction of important organs in the attempt to remove foreign bodies by ulceration, the exudation of lymph in croup, &c., where death must generally ensue, unless Art gives timely relief, — we can certainly do much by simply aiding Nature in accomplishing her own designs.

The most important methods of co-operation are indicated by Nature herself. Headache comes on, or a surfeit has been indulged in, and the stomach rejects its contents; a violent disease of any kind affecting the whole system arises, and in like manner nausea and vomiting supervene; the heart labors, the head reels, and blood bursts spontaneously from the nostrils; excessive hemorrhage occurs, and fainting both checks the bleeding and lays the sufferer prostrate, where he is sure to revive; hernia becomes strangulated, and no ingesta are allowed to pass the stomach; a burn or scald, or any superficial inflammation occurs, and vesication relieves the part; an eruption is suddenly repelled, and constitutional irritation immediately follows; the thorax or abdomen becomes distended with fluid, until respiration becomes nearly impossible, and, fortunately, we perceive Nature indicating a point where she purposes to make an outlet, and which she does make if life continues long enough; and so we might go on *ad infinitum*. By observing her pro-

cesses, we have come to imitate and anticipate her operations in many ways which, not long since, would have been considered suicidal. How emphatically may we point to one which has been recently, I will not say originated, but introduced, and most triumphantly established, by two of our own members! I refer to the modified operation of Paracentesis Thoracis. How, then, can any system of treatment be considered in accordance with Nature which interdicts bleeding, and blistering, and vomiting, and purging, and all those modes of relief which she so uniformly adopts and unequivocally points out?

It does not follow, however, because a physician refrains from bleeding or purging, or from administering drugs, that he is either neglectful or inefficient. Active measures are seldom necessary except at the onset of disease. After the alimentary canal has been cleared, local congestions removed, perspiration induced or attempted, and those preliminary efforts aided by which Nature attempts to repel disease before it shall have become established in the system, we may then be content to adopt the expectant plan of treatment.

Drugs, in themselves considered, may always be regarded as evils; for, though they may benefit some organ or function, they must almost necessarily affect some others injuriously. They are to be avoided, except when they are the least of two evils, — when they induce a tractable instead of a troublesome affection, or accomplish some object without which great harm would ensue. Medicines are to be reserved for

emergencies. They are not the animal, but the whip and spur which may stimulate the animal to a momentary outlay of strength, so as to surmount some unusual obstacle. They are not the winds; but we may so trim the sails and direct the helm as to catch the breeze or ride out the storm. They are not the locomotive; but they may remove obstacles from the track, or apply the brakes, and save the train from destruction. They cannot supply the place of beef, bread, and ale; but they may stimulate the enfeebled digestive organs to an extra effort long enough to assimilate the nutriment.

In selecting and administering remedies, it is essential that there should be an evident relation between the remedy and the malady. If we have not yet arrived at the knowledge of any such relation, there is still something to be learned. It is not enough to know, certainly even, that such a drug will produce a required effect upon a given disease: we must know the reason why. We have by no means a right to decide, because a certain result follows the use of a certain drug, that they are related as cause and effect. There is, indeed, a sequence; but it may be explained in another way. It is the common belief, that the drops on the outside of the pitcher of ice-water have permeated its walls. It is plain that the drops outside stand at the same level as the fluid within; one can believe his own eyes; and yet there is no such transpiration; and there is a perfectly conclusive way of explaining the phenomenon in accordance with Nature's laws. So, too, another sees the water boil under the

exhausted receiver of the air-pump until it freezes. He is amazed at the paradox; but the evidence of his senses is enough for him. There is, indeed, ebullition; but there is no heat, as he supposes.

So too, there must not only be a rational relation as of cause and effect, but the cause must be rationally adequate to the effect. We have no right to believe that the boiler we use for our eggs would propel an ocean steamer, or that a thimbleful of gunpowder would batter down the walls of Sebastopol; much less, that the more we reduce the cause, the more we augment the effect. No effort of reasoning can conduct to such a conclusion. And though there is apparently the relation of cause and effect in such cases, it is impossible to avoid the conclusion, that other causes have been in operation which we have failed to take into the account.

It has been maintained that Nature has furnished an antidote for every malady, — some mineral, or plant, or animal product. From the reports of travellers in the almost unexplored regions of the globe, especially in the East and in the interior of South America, it is evident that a vast multitude of potent medicinal agents still remain to be brought out and applied; and the idea, that there is a specific remedy for every disease, may not be far from the truth. But it is also said, that, though this may be so, the impossibility of assigning the designed remedy virtually renders the administration of drugs nugatory, or even dangerous. In the present state of our knowledge, there is much truth in this inference. It

is this very incertitude that is to be removed by the determination of natural properties and natural laws. It should only furnish us an additional incentive to improve our methods of observation and application. Many positive determinations have already been made by the laws already known. Multitudes of simples which have encumbered the Materia Medica have been proved inert, or have been replaced by others more efficacious. The active medicinal principles have been extracted from the crude masses, reduced to their smallest possible volume, and their precise nature ascertained. Let us go on to investigate.

While we have full faith in the value of medicines when judiciously administered, we hold, also, that the careful regulation of those conditions and practices which belong to every-day life — the diet and regimen — is not sufficiently appreciated. To regulate for the patient the kind, quantity, and frequency of his food and drink; to withdraw him from labor and care, and give him rest and sleep; to enforce the mode and amount of exercise; to regulate his temperature, — will accomplish almost any thing that can be effected by powerful drugs; and, in the long run, these details are much more important than drugs. Hence it is, that those empirical systems of treatment which have come nearest to dispensing altogether with medicine, at the same time requiring strict attention to diet and regimen, have met with a wider and more lasting favor, and have really been far more successful, than those which have been based on heroic medication. Medicines themselves are but certain properties contained

in our ordinary articles of diet in a more concentrated form, — enabling us to accomplish, by a more direct and speedy process indeed, what might ultimately be effected by diet and regimen alone. By a competent knowledge of the properties of the articles of food and drink, and their effects on the living organism, we may at least co-operate with nature, if we cannot wholly dispense with drugs. The great difficulty in the way is, to satisfy the patient that we are not trifling with his disease, unless we give him medicine.

Ordinarily, the physician is a recognized and the best judge of what is most appropriate for the patient; and every thing should be left to his discretion. Every practitioner of moderate experience knows, however, that there are idiosyncrasies which defy all rules. Some patients cannot bear nature's universal beverage, — cold water; and must have a substitute for this simple article, so universally craved by the sick in general. The rose and the new-made hay produce disease in others. The adage, that "one man's meat is another man's poison," is literally true. In his familiarity with these idiosyncrasies lies the advantage of adhering to a physician who has for years observed us, and therefore is not likely to subject us to inconvenience or failure, in consequence of any exceptional peculiarities we may exhibit. But since, in most instances, many drugs and many articles of food are equally competent to attain the same end, it is proper, in such cases, to allow the patient his choice from them. What may be a matter

of indifference to us, may be of heartfelt interest to him. Sickness is grievous enough in itself, without the addition of any avoidable discomfort; and we are bound, as far as possible, to alleviate rather than to imbitter the visitation of disease. In this respect, we fear that the profession is far less considerate than is meet. It was a precept of Celsus, that, "since very many things which are beneficial may be unpalatable, we should select from them those which the patient prefers; and, if all of the most useful ones are repulsive, something less useful, but more agreeable, should be substituted." *

The same consideration for the comfort and tastes of the patient is also enjoined by Hippocrates: "The sick are to be gratified in all reasonable respects; such as that their food and drink should be served up to them in a cleanly way, and that whatever they see or touch should be soothing; and, still further, in those things which are not positively injurious, or which may be readily counteracted. The patient is also to be indulged in all such things as company, conversation, attitude, clothing, the cut of his hair and nails, odors," &c.†

It is quite possible, in these modern days, when chemistry has reduced the active principles of drugs

* Cum pleraque utilia insuavia sint, ea potissimum ex his dentur quæ maximè æger volet; deinde, si omnia ista fastidit, interponatur aliquid minus utile, sed magis gratum. — CELSUS, lib. iv. cap. 16.

† Ægrotis gratificandum est in ritis rebus, ut nimirum potus et cibi mundè præparentur, et quæcumque videt vel tangit mollia sint; in aliis etiam quæ non valdè lædent aut facilè emendari queant. . . . In his etiam ægroto gratificandum, qualia sunt introitus, sermones, habitus corporis, vestitus, tonsura, ungues, et odores. — HIPPOC.: *Epid.*, lib. vi. § 4.

to their smallest compass and least offensive qualities, so to select and serve up our medicines as seldom to be repulsive, even to children. Let us but reverse the position of doctor and patient for a moment when we prescribe, and our ministrations will be less likely to be dreaded than they now are; let but, —

> "by Fate's transferred decree,
> The visitor become the visitee:
> Oh! then, indeed, it pulls another string;
> Your ox is gored; and that's a different thing;"

But still further: we may not only, in most cases, consult the preferences of our patients without compromising our own judgment and authority, but we may, in many instances, yield to their anomalous cravings when they are directly opposed to any course we might have fixed upon by scientific reasoning. Nothing can be more injudicious than to urge food upon a person when he has no desire for it, and much less when it is absolutely offensive. We may very properly be guided, in allowing or withholding food, by the state of the appetite; for the appetite is the demand of nature for a supply to the necessities of the system. We may readily understand, then, that a particular demand may set up a particular craving. The very fact that such longings occur, and most urgently too, absurd as they may seem, is no trifling reason why they should be gratified. We do not refer to that capricious conjuring up of things strange and preposterous, one after another, where there is really no appetite, or because it has been palled by delicacies and excesses, — articles which are

no sooner obtained than rejected; but that real hankering after some particular thing, which hour after hour fills the mind, and allows of no substitute, and which, when furnished, proves to be no airy fancy, unsubstantial and evanescent as the dreams of limpid streams to the thirsty wanderer in the desert. How often do we hear persons ascribe the turn of their disease, when almost despaired of, to some broiled salt-pork, or cold potato, or old cheese, or lobster salad, or something else equally extravagant, obtained by stealth, and in spite of the injunctions of the physician to the contrary! Doubtless this insubordination does not always turn out so favorably, and the patient has ample cause to rue his imprudence; but, in general, we believe that these desires are the promptings of nature to furnish the kind of stimulus which is needed at the time, and that they may be safely gratified. If harm results, it will probably be due to excess in quantity rather than to the article selected. When such an article is named with wide-open, glistening eyes, let it be tried, cautiously and sparingly at first; and, if it prove innocent, then with all prudent freedom. Let the physician himself allow it, and regulate it as he would a medicine; and not run the risk of having the friends provide it stealthily, at the solicitation and discretion of the patient, as in a majority of instances they will be likely to do.

There is another case in which we think we too often violate the teachings of nature. Where a strict and carefully regulated diet is requisite, we are apt to continue the same articles for too long a

time. It is now fully determined, that an individual in vigorous health cannot subsist upon any one article, for any considerable period, without destroying his health. Not only will some of the elements demanded by the system be unsupplied or deficient, but a disgust will be created by the want of variety, which will annihilate the desire for any food whatever. If, then, such are the effects of sameness on a healthy person, how imperative is it, that, by a judicious and timely variation in diet, we should take care to encourage, rather than diminish, the already flagging appetite of the invalid!

Not a little diversity of opinion has been expressed as to the kind of food, whether animal or vegetable, most appropriate to man. Most persons, it is true, theoretically and practically, adopt a mixed diet; but others contend for an exclusively vegetable diet, — some because they disregard structural organization, or because they think the food of the primitive pair was vegetable, and was intended to be continued such; and some because they conscientiously believe a strictly vegetable diet to be the most healthful and amply sufficient.

Perhaps there is no question respecting the animal economy which may be more satisfactorily illustrated and settled by an appeal to nature, than this. Certain peculiarities of the dental system, in connection with the structure and capacity of the alimentary canal, are so uniformly found to coincide with the kind of food which animals, when following their own instincts, are sure to choose, that no sequence of cause and

effect can be more reliable; and these coincidences run through all classes of animals. Well-developed canine teeth, with compressed, sharp edges, and pointed cheek-teeth, associated with a transverse articulation of the jaw, admitting of only a vertical cutting motion, are sure indications that the animal to which they belong subsists on animal food. On the other hand, broad-faced, lateral teeth, either traversed and made rough by belts of enamel, or beset with small points, with an articulation of the jaw requiring a forward and backward, or rasping action, or a somewhat rotary and grinding motion, as unequivocally indicate a vegetable diet. Between these extreme cases all manner of modification is found, accompanied by corresponding modifications in the proportions of animal and vegetable food naturally sought. A simple membranous stomach, with a short intestinal tube, is found in the carnivora; while the stomach is complicated and muscular, and the canal comparatively long and capacious, in the herbivora: and here again we have innumerable intermediate modifications, coinciding in general with the natural habits of different animals in respect to food. Those animals which receive it already animalized require but a simple digestive pouch, without any contrivance to delay the food for a prolonged process of digestion. Those who have a more elaborate process of assimilation to perform possess a powerful stomach, or a multiplication of stomachs, calculated to delay and act powerfully upon their vegetable ingesta. The structural adaptation of the digestive apparatus is as significant of the

kind of food to be taken, as the modifications of the locomotive organs are of the mode of progression by walking, swimming, or flying. So constant is this correspondence that no apparent exceptions should shake our reliance on the indications; but they should be set aside, to be brought under the rule when the precise uses and the relative importance of individual parts are better understood.

Turning now to the structure of the digestive organs in man, we find that he has a combination of all the varieties of teeth — the cutting, tearing, and grinding — developed in a moderate degree; that the articulation of the jaw is such as to allow freedom of motion for every mode of comminution; that the stomach is membranous, lined with corrugated mucous membrane, but guarded by a rigid pylorus, to prevent the too rapid exit of the ingesta. The canal is of medium length,* and all the subsidiary organs are fully developed. Following analogy, we cannot doubt that man is so constructed as to demand both animal and vegetable food, and that his digestive apparatus is calculated to perform the digestive process in its most extended sense and in its greatest perfection.

Man may doubtless subsist on either animal or vegetable diet exclusively, if he can have a due variety. Under some circumstances he is obliged to do so. The Buddhist does so from religious scruples. No-

* In the lion, it is only three times the length of the body; in the sheep, it is 28; in man, it is set down at 5½ times the length of the body. But it should be remembered, that, in the length of the man's body, the lower extremities are usually reckoned. If we estimate by the comparative length of the trunk, as we do in quadrupeds, the length of the alimentary canal will be at least as 10 to 1.

where, however, is he practically content with one alone. The denizen of the frozen zone stores up a scanty supply of roots and berries, the products of his brief summer, as condiments to his venison and blubber. On the other hand, the dweller under the tropical sun, profusely supplied with every luxury which the vegetable world affords, turns cannibal, and devours his brother-man, to gratify what the moralist styles an unnatural appetite, but which, in a physical aspect, is quite natural. A combination of the two kinds is demanded by his physical structure. There must be a due admixture of azotized and non-azotized substances, such as the body itself is composed of. It must have not only starch and sugar, but albumen, gelatine, and oil. Neither plant nor animal can attain full development and vigor, without a supply of pabulum affording all their constituent elements.

There are also reasons of another class, which naturally indicate man's adaptation to all kinds of food. Most animals are restricted to certain articles of nutriment by their inability to obtain others. The eagle would find it difficult to pick up seeds with his beak, and the duck to seize and tear in pieces living prey. The dog could not crop the grass, nor the fish climb trees for fruit. But man has dominion over the fish of the sea, the fowls of the air, and over all cattle, and every creeping thing; and every herb and every fruit was given him for meat. Although naturally the most defenceless of all animals, yet none of them can elude his vigilance or withstand his arts. From this also we may naturally conclude, that it was

intended he should partake of whatever of all these things might best please him.

Again: man alone, of all animals, is cosmopolite. There is no nook of this globe which he may not penetrate. The same individual may pass backwards and forwards, from extremest heat to extremest cold; and he is mainly indebted for his ability to do so to his capability of varying his diet. Fatty substances supply the largest amount of animal heat, and are the appropriate food for frigid climates; while vegetables and fruits supply the least, and are most grateful under the heat of the tropics.

Nature seems to have most wisely provided for the exigencies of the case. In the frigid zones, there is nearly an entire destitution of vegetation; while whales, seals, and other animals, enveloped in fat, abound, and are devoured by the inhabitants,—supplying an amount of animal heat which enables them to resist the intense cold of those frozen regions. On the other hand, within the tropics, nutritious vegetables with cooling fruits are found in the greatest variety and profusion,—growing almost spontaneously, and requiring but a few hours' labor to secure a year's supply. But in those parts there is almost an entire destitution of animals for the table. The grazing animals do not thrive there; and monkeys, fowls, tortoises, and fish, for the most part, make up the butcher's assortment. In the temperate regions, the cereal grains and the grazing animals thrive, and we have an abundance of the most nutritious kinds of both animals and vegetables.

With these facts before us, it seems to me possible to deduce a general law by which to determine the proportions of vegetable and animal food best suited for diet in any given isothermal latitude. If we take for granted, that at the equator man may best live on animal food exclusively, and that beyond the limit of vegetation, which is within the parallel of 80°, he must of necessity live on animal food, then, at the intermediate distance, 40°, we may infer that a diet equally made up of animal and vegetable food is naturally indicated. But as, both by the structure of his teeth and the proportions of the alimentary canal, man would seem to be more of a vegetarian than an animal feeder, the median line may be placed somewhat farther north, — perhaps at 45°. In the same way we may deduce the relative proportions for other parallels.

There will, of course, be numerous modifications, according as more or less gross varieties of food are employed; the fibrinous and albuminous kinds being best adapted to the temperate regions, and the fatty and oily ones to the frigid latitudes. The formula should also be considered as applying to laboring men, — those who have their muscles habitually in action. The same rule cannot be applied to those who lead an inactive, or even a sedentary life, in temperate climates. But even here, nature indicates the rule. If a man in temperate climates leads the sluggish, listless life which those do who reside under a tropical sun, where the heat forbids muscular activity, and where the spontaneous bounties of vegetation render

labor almost unnecessary, he must diet as such men do, — on rice, pulse, and fruits. He must mainly abstain from meat. In our community, students and literary men, clerks, and others of sedentary habits, undoubtedly do best on a diet of farinaceous substances, milk, and eggs; and, if meat is used, it should be restricted to a moderate amount at dinner only; while the man laboring in the open air will require meat in large proportion three times a day. It is true, that the northernmost people are drowsy and sluggish, as well as the inhabitants of hot climates, and yet are compelled by the nature of their habitat to feed on the grossest of animal food. It must be remembered, however, that their inaction is rather that of lethargy than of languor; that with them the great desideratum of life is rather to maintain animal heat, than to supply exhausted muscular force; and for this end the animal oils — the fat of bears and the blubber of whales — are especially designed. The experiments of Boussingault, on the products of respiration in animals subjected to different degrees of temperature, throw much light on this view of the subject.

Perhaps there is no greater practical error in respect to diet, none more repugnant to the teachings of nature, than the food furnished to children. The term "milk-teeth" is full of meaning; and nature has some other object in view in removing them, besides merely providing for the enlargement of the jaws. Milk, the natural food of all the mammalia, while, by its composition of albumen, sugar, and oil, it indicates

their appropriate food to be a mixture of animal and vegetable products, combines them also in the proper proportions, varying for different families of animals, and elaborated in the most thorough manner. Milk, then, combined in due time with bread and other farinaceous substances, should constitute the food of childhood; and it is not until nature has provided, by a change of the teeth and a correlative modification of the stomach, an extension of its cardiac extremity, for the elaboration of more gross and crude ingesta, that they should be allowed. And yet our children are supplied, almost without stint, with all the varieties and combinations of food which their parents are accustomed to partake of, — preternaturally stimulating their systems and taxing their digestive organs, and prematurely wearing them out by excess of action. It is said to be thus with no other people besides the "Yankee nation." Princes and nobles elsewhere are restricted during childhood to a simple diet of milk, bread, and gruel, which even our juvenile paupers would think meagre fare. Our practice is a violation of nature's laws.

Chemistry, which is purely a torturing of nature to extort her secrets, has already done much to determine the component elements of the body, and to indicate the non-naturals proper to be exhibited, both in its healthy and diseased condition. Less than thirty years ago, the idea that chemical laws could have any thing to do with the operations of the living body was heretical. All its processes were then regarded as due to that mysterious something called

"life." Indeed, one of the principal effects of life was said to be the suspension of chemical action. Vital and chemical action were looked upon as antagonists. So far as it concerns the body in bulk, this is, indeed, true; and, so far as we yet know, a large proportion of the operations of the animal system, especially those relating to mind, motion, the selection of materials for, and the building up of, the tissues, are dependent on vital influence, manifested and conveyed through the nervous system. But other processes, connected more particularly with digestion and nutrition, have been shown to be truly chemical. The true functions of many of the viscera have been determined by chemistry. The offices of the saliva, gastric juice, bile, pancreatic fluid, &c., have been demonstrated, and may be imitated, by chemistry. The condition of the excretions, and the proper fluids of the body, may be modified by chemical agents; and an analysis of them shows the departures from the normal state which are going on, and declares the proper remedies. Lead has been eliminated from the system. Diabetes, dropsies, the sequelæ of scarlatina, rheumatism, &c., have been successfully treated by chemical re-agents; and to chemistry, I think, we must ultimately look for the management of spanæmia, and other altered conditions of the blood; the elimination of tubercle, scrofula, and many vices of the system which have hitherto defied our art; and for the prevention, if not the treatment, of miasmatic disorders. By chemistry we ascertain the kind and amount of nutriment and other qualities in the differ-

ent articles used for food, which is of infinite importance in enabling us to select appropriate materials to meet the wants of the system in its various conditions, and laboring under different diseases. Animal chemistry is comparatively an untouched branch of that science; but the labors of Dumas and Boussingault, of Robin and Verdeuil, of Lehmann, of Bidder and Schmidt and Liebig, may give us some idea of the capabilities of chemistry in this direction.

I have already alluded to the microscope in its connection with minute structural anatomy. Its application to the investigation and discrimination of morbid growths is obvious. The modifications of structure are easily recognized; and it has been confidently hoped and maintained by microscopists, that they will be able to distinguish, positively, malignant from non-malignant growths. As would appear from a late discussion in the French Academy of Sciences, this claim is not yet recognized by many of the most eminent pathologists and practical surgeons; but it is plainly to be seen, that the microscope may be applied with the greatest advantage to the elucidation of very many subjects relating both to health and disease. In some instances it has shown a connection of disease with natural causes little anticipated; and, of course, has indicated the proper method of cure. I will only allude to the numerous parasites, both animal and vegetable, some of them external and some internal, which are now known to exist. A few of these, like the louse, flea, and larger intestinal worms, are so large as to be well enough discerned by the

naked eye, and have long been familiar to every one. But the microscope has revealed a very numerous fauna and flora, of infinitesimal structure, within living animals of every grade, as the beautiful work of Robin in France, and the no less elaborate one of our own countryman Leidy, very abundantly show. Leidy has given a catalogue of those already known which infest man, in which he enumerates no less than twenty-six entozoa, thirteen ectozoa, and ten entophytes; and as it is an ascertained fact, that the lower the animal type, and the more imperfect the digestion, the greater is the number of parasites, we may conjecture what a world of wonders remains to be explored by the magnifier in this department alone. Human parasites, though in general so simple, so low in the scale of being, and usually so minute, must excite our interest for at least one reason; namely, that their creation must necessarily have been subsequent to that of man. The origin of entozoa, which has been so long an enigma, is now in a fair way to be solved. In the course of their being, they pass through a series of phases extremely various in aspect, each one usually passed in different organs of the same individual; or, quite as likely, in the bodies of animals in no way kindred. Thus the tape-worm of man has been shown, with great probability, to pass one of its anterior phases in swine, in the form of a Cysticercus.

A number of cutaneous affections have already been shown to depend upon the presence of epiphytes; among them are *Porrigo decalvans* and *favosa*, *Tinea*

capitis, some forms of *aphthæ* of the mouth, &c. Some have even gone so far as to ascribe the cause of cholera and fever to the development in the system of parasitic germs received from the air, which is supposed to teem with them. But, for the most part, parasites may be regarded as the sequences, rather than the causes, of disease.

It is a matter of common belief, and by no means uncommon among physicians, that the parasites which infest the human body are injurious, and only injurious; that they are the direct causes of many grave affections, — at least, are indicative of an unhealthy condition; and that, wherever they exist, they should be at once exterminated. That in some instances, very rare indeed, the larger ones, like the tenia or ascaris, may, by their size or numbers, produce serious embarrassments, is not to be denied; that they seem to have been culprits in other cases, where they are accidentally expelled by medicines which at the same time cure the patient of disease, is a familiar observation; that in many instances they abound and accumulate in diseased parts, or in vitiated states of the system, is also a matter of observation; but it does not follow that they are the *causes*, rather than the *consequences*, of the disorders they accompany. Just as the green scum on the stagnant pool is not the cause of putrescence, but is sure to appear there, an indication of miasm, and at the same time its remedy; so we have reason to think it is with human parasites.

If we interrogate Nature on the subject, she will tell us that parasites, some internal and some external,

are universal; that no species of animal or plant, either in the sea or on the land, is exempt from them. So numerous and so various are they, that we may safely declare, that no individual animal in a wild state, however healthy, is destitute of them; so that their absence, rather than their presence, would be the exception.

Can it be believed, then, that an all-wise Being has created so extensive a series of organisms but for general utility? No such wide-spread and all-prevailing system has been brought into operation but for beneficial purposes. Like the lightning and the volcano, they may damage and destroy individuals, and still be indispensable to the general welfare. And further: as already stated, the larger and more dreaded internal parasites undergo a most complicated and extraordinary process of development, — passing through a series of forms quite unlike each other, and, at different stages, residing in animals of different classes or families, or in different organs of the same animal, — performing a circuit of existence which is scarcely credible. It cannot be that all this complicated machinery should be put in operation for evil only; but it must be designed to keep up certain important relations between animals or organs very distantly allied to each other, which could not otherwise be maintained.

I have thus briefly touched upon a few topics connected with this almost exhaustless subject, — enough to show how much it is incumbent on us, for the

successful prosecution of medicine, to "search out the secrets of nature." The tendency of the remarks has been to impress the conviction that a full acquaintance with the laws of health is a necessary preliminary to the study of disease; that Nature, for the most part, furnishes the true indications of treatment; that, as to remedial agents, it is better, when practicable, to rely upon a careful regulation of diet and regimen than on drugs; and that, when these are requisite, they must be given with a view to carry out successfully Nature's own plans.

It is to be feared that attempts to combat disease by specifics, instead of by aiding Nature to expel morbific poison in her own way, have not unfrequently added to the catalogue of fatal cases. In such desperate diseases as cholera and yellow fever, we have felt justified in a vague employment of powerful remedies, in heroic doses and in rapid succession, under the specious plea, that in all probability the disease would certainly destroy the patient, if we did not either kill or cure him. Such severity of itself is often more than human endurance can sustain, and at any rate leaves us at a loss to determine what are the results of disease, and what of our medicines. If we feel ourselves in doubt, is it not wiser to leave the case for a while to Nature, and watch her movements until we can detect some indication for interfering hopefully? It should always be a fundamental maxim in practice, "if we can do no good, to do no harm."

The daily and hourly use of the rod has been banished from the school; the prisoner's noisome,

subterranean dungeon has been exchanged for the clean and airy cell; the unfortunate lunatic is no longer regarded as a laughing-stock or a brute, but as a most marked subject for our sympathy and kindness. These changes most emphatically mark progress in humanity and moral science. So, likewise, we would regard every approach towards the rational and successful prevention and management of disease without the necessity of drugs, as we do success in surgery without a resort to the knife and cautery, to be an advance in favor of humanity and scientific medicine. Not that drugs are to be abandoned or distrusted, especially during the present state of our knowledge; or that every man is any the more to become his own doctor. Supervision and vigilance over the pupil, the prisoner, and the maniac, have become none the less necessary since material restraints have been mitigated; on the contrary, they have become doubly requisite, and demand a class of minds with moral and mental culture far more elevated than formerly. So, too, if a more restricted use of medicines is attained, it will be the result of more accurate diagnosis, and of a more thorough knowledge of the adaptation of diet and regimen to the conditions of the system. Medicines themselves are constantly being reduced to more concentrated forms, requiring great skill for their safe employment. In fine, a superior class of minds, superior education and skill, and more assiduous attention in the management of the sick, will become necessary.

Gentlemen, we are now about to separate; but let it be with no misgivings, no fears, as to the dignity, the value, and the onward progress of our profession. In the Records of the Colony of Massachusetts, two hundred years ago, it is written: "We concieve it very necessary y^{t} such as studies physick or chirurgery may have liberty to reade anotomy, and to anotomize, once in foure yeares, some malefactor, in case there be such as the courte shall allow of." Such is not the standard of requirement now. Nor let any one be dismayed at the prevalence of charlatanry and heretical doctrines, or at the numbers led captive thereby. Delusions have been rife in all past time; and must also be expected in the future, so long as the human mind remains the same. But, while fanciful theories and wicked impositions have one after another vanished, the fabric of true medicine remains firm on its basis, rising steadily higher and higher. Let us rather take new courage; let us return home animated with the thought that we are in the company of wise, honest, and honorable men; let us expend our thought and our breath in endeavoring to elevate ourselves, rather than in pulling down pretenders. If they have discovered materials and facilities superior to ours, let us avail ourselves of them, and incorporate them with our own; and, while we sedulously adhere to all well-tried and established practices and opinions, let us not lay ourselves open to just rebuke by clinging to obsolete, perhaps absurd, notions, plodding on in the old stage-coach track, declining to receive new light, and thereby keep pace with

the progress of science. If they succeed in rearing structures sufficiently elevated to attract attention, let us take care to be no less diligent in raising our edifice proportionally higher, and thus maintain our ascendency. Let every man build up over against his own house, and our walls will be entire and impregnable. Let this fraternal gathering, like the touch of Antæus of old to his mother Earth, endue us with new strength, which shall sustain us in the hearty discharge of our duties, until another return of our festival shall give us another opportunity to become conscious of our might, and to accumulate new vigor.

LIST OF DECEASED MEMBERS.

Admitted.	Name.	Residence.	Age.	Died.
1803	Hector Orr	East Bridgwater	86	1855
1806	Henry Gardner	Charlestown	82	1854
1811	Nathaniel Peabody	Boston	81	1855
1813	Erastus Beach	Sandisfield	77	1854
1819	Williams Bradford	Boston	76	
1822	Moses Kidder	Townsend		1855
1824	Zabdiel B. Adams	Boston	62	1855
1824	Christopher Deane	Coleraine	72	
1824	J. Stearns Hurd	Charlestown	59	1855
1824	Rufus Longley	Haverhill	67	1855
1833	James B. Gregerson	Boston	46	1854
1833	Jesse Chickering	West Roxbury	57	1855
1835	Charles Walker	Northampton	52	1855
1837	Coridon Guiteau	Lee	50	1854
1837	Charles H. Pierce	Cambridge	41	1855
1839	Samuel Parkman	Boston	38	1854
1840	Thomas P. Jackson	Boston	44	1854
1841	William T. Parker	Boston	36	1855
1841	Timothy H. Brown	Heath	42	
1841	Marcus M. Shearer	Palmer	61	1854
1842	Asa Lincoln	Brimfield	73	1854
1842	Washington Shaw	Haydenville		1854
1850	Waldo I. Burnett	Boston	26	1854
1852	George H. Sawyer	Boxford	85	1855
1854	Edward G. McCormick	Taunton		1855
1854	George H. Gallup	Boston	42	1854

OBITUARIES.

The following Biographical Notices have been prepared from notes chiefly furnished by the immediate friends of the deceased. It has been necessary to abridge most of them, so as to bring them within the assigned limits : —

HECTOR ORR.

Hector Orr, M.D., was the son of Col. Robert Orr, whose father, Hon. Hugh Orr, came from Scotland, and settled in East Bridgewater in 1740.

Dr. Orr was born in 1770; graduated at Harvard University in 1792; pursued his professional studies chiefly under the direction of Dr. Ephraim Wales, at Randolph; and in 1795 settled as a physician in the place of his nativity. In the same year he married Mary, daughter of Oakes Angier, Esq.; and from that time until his death, which occurred April 28, 1855, he continued in the performance of the duties of his profession. As the infirmities of age came upon him, he was relieved of his more onerous labors by his son, Dr. Samuel Orr, who settled in his immediate vicinity.

In early life, Dr. Orr devoted much time to public objects; and his circle of medical practice was never extended so widely as that of many men of inferior attainments. His intellect was of a high order; and he was particularly distinguished for the retentiveness of his memory. He was fond of literary pursuits, and devoted much time to reading. In 1817, he read the annual dissertation before the Medical Society, "On the Properties of Animal and Vegetable Life." In 1818, he received from his *Alma Mater* the honorary degree of Doctor in Medicine.

NATHANIEL PEABODY.

Nathaniel Peabody was born at Topsfield, March 30, 1774, on the spot where the first emigrant of the Peabody family settled, before 1750. While he was still an infant, his father removed to New Hampshire. He served his father on the farm until he was of age, when he determined "to get an education." With a very little aid from his father, and by dint of teaching school, he prepared for college at Atkinson Academy, and graduated at Dartmouth. He then became Preceptor of Andover Academy; and in 1802 married the Preceptress, Miss Palmer, a lady of great energy and high cultivation. Soon after, he removed to Billerica, opened a boarding-school, and at the same time commenced the study of medicine; completed his professional education under the direction of Dr. Jeffries; settled in Lynn, whence he removed to Salem in 1808. He preferred surgery to the other branches of the medical art, and his mechanical taste suggested to him improvements, espe-

cially in dentistry; and this was to him eventually so much the more profitable part of his work, that he was led to devote himself exclusively to it, and was largely instrumental in bringing about the general use of artificial teeth in the county of Essex. He pursued this art in Salem, Lancaster, and Boston, until 1840, when his eyesight failed him, and he relinquished his business to his junior partner. He retained his health and his erect figure until within a few months of his death, which took place at Perth Amboy, Jan. 1, 1855, at the age of eighty-one.

ZABDIEL BOYLSTON ADAMS.

Zabdiel Boylston Adams was born in Roxbury, Feb. 19, 1793, and was the eldest of three children. He first went to school to Master Childs; and afterwards to the Roxbury Grammar School, taught by Dr. Prentice. He was fitted for college by Rev. Peter Whitney, of Quincy; entered Harvard in 1809; and in 1813 was graduated in a class quite remarkable for the number and eminence of the medical men derived from it, and with whom he formed friendships lasting and sincere. Dr. Adams studied medicine with Dr. Charles Winship, of Roxbury, until 1816, when he opened an office in Boston.

His young devotion to his profession never abated during the whole period of nearly forty years that he was engaged in practice. He could seldom be induced to quit town for a single day, and boasted that sickness had never caused him to neglect business for a longer space than one day during the whole period. His career was not marked by startling events nor remarkable achievements, but was in itself that most rare and difficult achievement of all, — an uninterrupted discharge of every daily duty. His bearing was always dignified and manly, and his manner cordial and polite. He abhorred every semblance of meanness or deceit; his heart was always sincere and open; and many charities flowed from his hand every year that never have been, and never will be, brought to day. No man was more zealous for the dignity and purity of the profession; and in this respect he was a worthy successor of him whose name he bore. He was one of the earliest advocates for the American Medical Association, and attended all its sessions except the last. He was a Councillor of this Society nearly thirty years, and several years a Censor.

He died, after a short illness, of an effusion upon the cerebral hemispheres, Jan. 25, 1855, in the sixty-third year of his age, and the thirty-ninth of his professional practice. His countenance, radiant with benevolence and good humor, and his ever-ready speech, will long be recalled at these our annual gatherings.

JOSIAH STEARNS HURD.

Josiah Stearns Hurd descended from an ancient and honored New England family; was the son of Benjamin Hurd, Esq., of Charlestown; born March 14, 1796; died March 25, 1855. He received his degree at Harvard College in 1818, and studied medicine in his native town with Dr. Josiah Bartlett. He then visited Europe, and continued his studies till the spring of 1820, principally in France, where he was Prosector to the celebrated Lisfranc; and, on his return, commenced practice in Charlestown. Dr. Hurd had a true genius for surgery. He found the ground pre-occupied, however, by Dr. Wm. J. Walker, — a man eminently qualified for, as well as ardently devoted to, surgery, and already winning golden opinions; and the death of Dr. Bartlett, about that time, brought him so immediately and so extensively into practice as a physician that he abandoned surgery altogether. But during this brief period he gave full proof of his superior ability as a surgeon. He performed very skilfully and successfully nearly every important operation; and among them may be mentioned a difficult case of lithotomy, tying of the carotid artery, paracentesis pericardii, and the first taliacotian or rhinoplastic operation ever performed in this country. During the last twenty-five years, probably no one of his contemporaries has had a larger circle of practice; and no one who has died could be more missed or mourned than the genial, kind-hearted, and beloved Dr. Hurd. His illness was of but few days' duration, induced by rupture at the arch of the aorta.

RUFUS LONGLEY.

Dr. Rufus Longley was born in Shirley, July, 1789; pursued his preparatory studies at Groton Academy; and entered Harvard College in 1804, where he remained about two years; when he entered upon a course of medical study in the office of Dr. Oliver Prescott, of Groton, and took his medical degree at Dartmouth

College in 1811. The honorary degree of M.D. was conferred upon him at Harvard University in 1850. In 1812, he commenced the practice of his profession in Haverhill, Mass., where he remained until his death, — a period of forty-three years. He was endowed with a fine physical development, coupled with a strong and well-balanced mind, accurate discernment, and sound judgment, — qualities which rendered him a skilful, while a cautious, practitioner. His manly bearing, talents, and professional skill, soon won the respect and confidence of his fellow-citizens, while his aid and counsel came to be sought by his professional brethren in all the vicinity; and they will bear testimony to his courtesy and honorable deportment on all occasions. Well informed as to disease in general, and a close observer of it in each individual case, his diagnosis and prognosis were remarkably accurate, and his conclusions were always declared fully and candidly. By his impartial attention to all, whether rich or poor, he showed himself to be influenced by other than mercenary incentives. He was an eminently useful citizen, — taking a lively interest in the well-being of the community. His business talents, urbanity, and integrity, marked him for places of responsibility; though he would seldom accept of public office. He was chosen an elector for President in 1840, and for many years was President of the Savings Institution, and of the Merrimack Bank. He became a Fellow of the Massachusetts Medical Society in 1824, was active in its councils, and retired in 1852. He died, March 12, 1855, of dry gangrene of the left foot and leg, connected undoubtedly with attacks of angina pectoris, from which he had occasionally suffered during the preceding seven years. Spicula of bone were found along the coronary arteries, with ossification of portions of the semilunar valves.

JAMES B. GREGERSON.

James B. Gregerson was born in Boston, and was prepared for college at Andover. He early entertained the purpose of becoming a physician; but it was the wish of his father that he should engage in mercantile pursuits. He yielded to this wish for a time, though still cherishing his original purpose, and finally commenced medical studies in earnest, under the direction of Drs. Jackson and Channing, and obtained his degree at Harvard in 1833. He had been one year a pupil in the Massachusetts General Hospi-

tal, and now proceeded to Europe, where he spent several months in observing medical institutions and practice; and, on his return, opened his office in Boston. Becoming connected by marriage with a daughter of the Rev. Dr. Sharp, he soon became known to a large circle of acquaintances, which, by his gentlemanly and affable manners and evident zeal in his profession, he soon rendered his firm friends and patrons. Dr. Gregerson was gentle in his intercourse, a man of elegant tastes, and a keen lover of art in all its forms, and, indeed, possessed especially the characteristics suited both to ingratiate him with the sick, and to render him a welcome member of the social circle. He died, after a short illness, with obscure cerebral symptoms, aged forty-six years.

CORIDON GUITEAU.

Coridon Guiteau, M.D., died at Lee, Mass., of cholera, July 27, 1854, aged fifty. He was of Huguenot extraction; a grandson of Dr. Ephraim Guiteau, of Connecticut, who fled with his parents from France to this country after the revocation of the edict of Nantes.

He received his medical degree at Williams College in 1832, and was highly respected as a physician and as a man. Like his persecuted ancestors, he was a sincere, exemplary Christian. "Religion was his solace in life, as in death."

He was admitted a member of the Massachusetts Medical Society in 1837; and, while few in that distant section have found it convenient to take an active part in its doings, no man was more constant at his post as a councillor than Dr. Guiteau.

SAMUEL PARKMAN.

Of the many prominent men who have been taken from the Society by death during the past year, although one of the youngest, no one has left a wider vacancy than Dr. Samuel Parkman. By his contemporaries, and those younger than himself, his loss will be especially felt; because with them and their interests his sympathies were more particularly linked. Always active and interested in the general welfare of the profession, and in every thing that related to it, he felt a special interest in that spirit of progress which requires the energy and ambition of youth for its advancement. His fine person and manly bearing were but the result and expres-

sion of his eminently manly character. Accomplished in the science of his profession, candid and cautious in his judgment, and most conscientiously faithful to his duty; kind, disinterested, and humane in the practice of his profession; he was a man to be relied upon for his opinions, and to be trusted in action. In his social relations, he was a faithful, warm, and honest friend; at hand in the hour of trial; sympathizing in the hour of joy; and true and frank when a friendly, and it might be unpleasant or painful, truth was to be told. An almost morbid hostility to every thing like pretension, such as sometimes to make him uncharitable, perhaps, in regard to so common and venial a weakness, was a most marked feature in his character. He always appeared for less than he was himself, because he never claimed that which he was not. Without those qualities which enable a man to come forward at once and take a commanding position, his character and mind had been constantly and healthfully developing, and he had been as constantly gaining the esteem and confidence of the profession. At the hour when he was beginning to become more widely known, when he was beginning to exercise the influence which sterling merit and well-tried character must always exercise, the mysterious hand of Providence has struck him down, and the profession is called upon to mourn one of its ablest and best friends.

Dr. Parkman was born in Boston, Jan. 21, 1816, and was educated in the Boston schools. He graduated at Harvard College in 1834, where he held a good rank as a scholar. His medical education he received in Boston, where he was one of the most active and industrious students. After passing a year in the Massachusetts General Hospital as one of the house-surgeons, he sailed for Europe, and spent a year more in the study of his profession, most of it in Paris. Immediately on his return, he commenced the practice of medicine and surgery in Boston, giving his attention and interests more particularly to surgery. In the winter of 1844, he received an invitation to deliver the course of lectures upon surgery and anatomy in the Castleton Medical College, as successor to Dr. McClintock. This he accepted; and he repeated the course the following year; when, finding that the long absence interfered with his professional prospects at home, he relinquished the post. In 1846, when the Massachusetts General Hospital was enlarged, he was appointed one of the new surgeons; and he continued one of its most reliable and faithful officers to the close of his life.

He was an active member of all the medical associations in the city for the advancement of science, and contributed many valuable papers. His position as a surgeon having frequently called him into court as a witness or an expert, he, during the last few years of his life, gave much attention to the relations of the profession to the law. He wrote two excellent articles upon the subject; one, "A Report of a Committee of the Massachusetts Medical Society upon Suits for Mal-practice," was read at the annual meeting of the Society two years since, — remarkable for its clearness, candor, and practical wisdom. The year before he died, he was elected a Fellow of the American Academy of Arts and Sciences; and, a year since, Recording Secretary of the Massachusetts Medical Society.

WILLIAM THORNTON PARKER.

William Thornton Parker was the son of Dr. Benjamin Parker, of Andover. He graduated at Dartmouth, 1838; studied medicine with Dr. A. L. Peirson, of Salem; and received his medical degree at Harvard, 1841.

He had improved well his opportunities for study; and, by gentlemanly manners, constant industry, and with the air and resolve of one who knew he should succeed, he very soon acquired an extensive practice in South Boston, where he chose his residence. It was a location where, at that time, a vast deal of labor had to be done for a comparatively small remuneration. But he was none the less ready and faithful for all that; and, when over-work began to undermine his health, he could not in season persuade himself to deny any one, to favor himself. Compelled at last to relinquish a practice already lucrative, and to resign the home-comforts his industry had gathered, he repaired to Cuba, and afterwards to Italy, without any benefit; and then submitted to his fate. He retired to the beautiful village of Jamaica Plains. There, amid much physical suffering, and surrounded by warm friends and delightful influences, with cheerfulness and determination he toiled almost to the last day of his life, to supply, in some measure, the means formerly derived from professional exertions, as well as to gratify his inbred thirst for occupation. He never seemed unhappy when employed. Happily he had uncommon skill, both with the pen and pencil. His accurate and highly finished anatomical drawings are well known to most physicians in the vicinity of Boston. Indeed, he

had a critical appreciation of art, as well as nice, practical skill; and his comments on the works of the great masters which he saw at Florence show him to have been a true connoisseur. By great prudence, by the cheering sympathies of friends, and the sustaining influences of profound religious hope, his life was prolonged much beyond his own expectation; but at last profuse hemorrhage suddenly laid him low; and he died March 12, 1855, aged thirty-six.

WALDO IRVING BURNETT.

Dr. Waldo Irving Burnett, the youngest member of the Society who has died since the last meeting, — youngest if we count his years, but oldest if we estimate him by what he accomplished, — the son of Dr. Joel Burnett, of Southborough, was born July 12, 1827; and died July 1, 1854, aged nearly twenty-seven years.

Since the death of the lamented Jackson, more than twenty years ago, it may safely be said, that no one of this Society had made such extensive acquirements, had thought so independently, and pushed out so far into new ground, or promised to do so much for the advancement of physiology and therapeutics, as the lamented Burnett. Left an orphan at an early age, with very limited means, in the face of many obstacles, and in feeble health, and almost self-taught, he, in a very few years, made acquisitions in knowledge which would have done honor to a long lifetime of constant application. He inherited from his father a love of natural history, and in early boyhood became quite proficient in botany and entomology; and, in the latter study especially, he afterwards rendered himself distinguished. As early as the age of sixteen, he became interested in metaphysical and philosophical subjects, which called into exercise the higher powers of the mind. Mesmerism, materialism, and theological questions, he often discussed and wrote upon with marked ability. At the same age, his interest in medicine commenced; and he began visiting with his father, availing himself of every opportunity to witness the effects of disease after death. But at this time his father died, and he was compelled to resort to teaching school for support; while he also gave his attention to the study of medicine, under the direction of Dr. Joseph Sargent, of Worcester. Subsequently he came to Boston, and entered the Tremont Medical School. A distant relative, who appreciated his talents and industry, generously enabled him, not

only to complete his preliminary study, but also aided him in all his subsequent travels and studies while an invalid, and furnished him with a microscope which then surpassed all others, and which was probably in use by him more hours than was his bed, — directing it upon all the products of the body, healthy and diseased, and combining the results with his observations on life, from its earliest development and from its lowest forms upwards.

The last year of his studies was spent in the Massachusetts General Hospital. In the mean time, he had acquired a competent knowledge of Greek, Latin, French, Spanish, and afterwards of German and Swedish. He had also obtained the prizes from the Boylston Medical Society on two successive years: one for an essay on Cancer, microscopically considered; and another for a paper on the Sexual System, or the production of being, considered as to its physiology and philosophy.

In 1849, at the early age of twenty-one, he graduated in medicine at Harvard, and soon proceeded to Europe, full of anticipation. He had scarcely arrived there before the inexorable disease of which he finally died became so suddenly and so gravely developed, that, after an absence of only four months, he returned to America, and sought an arrest of his symptoms in the South. During the four years which he survived, he was a pilgrim north and south, according as he might find a climate best adapted to his complaint. Fully aware that he must ere long die, he seemed resolved to sell his life as dearly as possible; and although, strictly speaking, he had no local habitation, he performed an incredible amount of labor, principally relating to embryology, histology, and general zoölogy. No animal within his reach, whether dead or alive, escaped his scrutiny; and, as an evidence of this, it may be stated that he had collected the external parasites from about five hundred different animals; and these he had labelled and mounted on glass, so as to be at all times in readiness for the microscope. This collection itself, exceeding any other one of the kind, is a monument of industry such as few men devoted to science ever raise for themselves.

He was a member of the Boston Society of Natural History; of the American Association for Science; and was elected a Fellow of the American Academy in 1851, — one of the youngest members ever admitted to that body; and at their meetings he always had some important communication in readiness, besides contributing many elaborate articles for scientific journals. His

printed papers are nearly sixty in number, all of them on topics of importance, and abounding in original matter. Of those more directly relating to medical science, we may enumerate his two prize essays already mentioned; "On certain Microscopic Animals found in a Person who died of Enlarged Spleen;" "On the External Parasites of Warm-blooded Animals;" "On the Embryology of the Articulata;" "On Spermatozoa, giving Observations on those Particles in a great Number of Animals;" "On the Origin, Development, and Structure of the Kidneys throughout the vertebrated Division of Animals;" "On the Microscopic Appearances presented in the Intestinal Discharges and Muscular Fibres of a Patient who died of Epidemic Cholera;" "Tissue, and its retrograde Metamorphosis;" "Considerations on a Change of Climate by Northern Invalids, and on the Climate of Aiken, S. C.;" "Considerations on some of the Relations of Climate to Tubercular Disease."

The principal work of his life, however, was his essay which received the prize from the American Medical Association in 1851, entitled "The Cell: its Physiology, Pathology, and Philosophy, as deduced from original observations; to which is added its History and Criticism." This abstruse and almost untouched subject he treats with great ability, giving ample evidence that he is familiar with the labors of others upon it, and quite at home in this kind of investigation. In the words of Prof. Wyman, "it gives evidence of wonderful zeal and industry in research, of acute powers of observation, and of great readiness in perceiving general relationships." The work on which he was last engaged was a translation from the German, of Siebold and Stannius' "Comparative Anatomy," accompanied by a commentary of his own, in which were embodied additions from scientific journals and his own original observations, almost equalling in amount and importance the original work itself. The first volume was completed and published; but the second remained unfinished.

In his private character he was remarkably simple and unassuming; and though always ready to express his views before any man or body of men, yet he was always deferential, and never intrusive. It was a pleasure to assist or befriend him in any way, because he always gave evidence of heartfelt gratitude. His life was irreproachable; and he died exhausted by the fatigues of his journey home, without being able to take a final leave of any but his immediate relatives, — expressing the solemn conviction, that, if he had much to live for, he had far more to die for.

ON THE HYGIENIC CONDITION

OF THE

SURVIVORS OF OVARIOTOMY.

The extirpation of uterine and ovarian growths by the abdominal incision is an operative process of modern origin, — three authentic cases only occurring prior to 1809, when it was for the first time executed in this country. At a later period, it has attracted general attention; and, in proportion as its claims have been examined and advocated, it has also been denounced as inconsistent with the principles of morality and the obligations of conscience. In 1850, according to the reliable tables of Prof. W. L. Atlee, it had been performed upon two hundred and twenty-two subjects; of whom one hundred and forty-six recovered, and seventy-six died as a consequence of injury inflicted by its performance, — being a ratio of two recoveries to three operations, which may be taken as an approximate standard of comparison. It is not surprising, therefore, in a limited consideration of practical value, that a procedure so eminently disastrous to life should raise a strong presumption of its doubtful propriety; but, on the other hand, its performance is vindicated on the ground that a large proportion of the subjects were taken indiscriminately, and

were submitted to the operation as a last resort; that of necessity it has encountered the embarrassments of an experimental process; that, as an innovation upon conservative surgery, it has been opposed by intolerance; that, under certain limitations, it is entitled to high rank in operative science; and, finally, that the rate of mortality attending its performance is, even now, no greater than happens in many voluntary operations, — lithotomy, hernia, ligation of arterial trunks, capital amputations, &c.

To establish the validity of the abdominal incision, it must clearly appear, that, as a general rule, a state of ovarian degenerescence invariably and proximately terminates in the death of the subject. Our knowledge on this point is so exact, that it must be conceded that this malady is not amenable to constitutional treatment, but speedily destroys life by exhaustion of the vital powers. Mr. William Hunter had occasion to see a great number of encysted dropsies, many of them treated by physicians of the first rank, and had never seen one cured; nor had he ever known one of that kind where the cyst had been sensibly diminished by any other means than by the trocar. If he might form a judgment by what he had seen, both in the living and in the dead body, he should believe that the dropsy of the ovarium is an incurable disease. This distinguished authority, it is presumed, must be now accepted by those conversant with ovarian hypertrophy, without essential modification. Velpeau affirms, that the average duration of the disease is five or six years. Mr. Phillips calculates the period, from first tapping, at four years. In Mr. Lee's summary of one hundred and twenty-six cases of ovarian dropsy, sixty-three — precisely one half — died in two years, ninety in four years, and thirty-three only survived this period. Mr. Atlee remarks, that one-third of the subjects of ovarian disease die from the malady in one year, one-half

in two years, two-thirds in three years, and that the average duration of the disease is about four years. Assuming these opinions to be true, — and they certainly cannot be controverted, — it is, perhaps, one of the most responsible questions which modern science is invoked to decide, — whether a moral, binding obligation exists upon the profession to restore to health and usefulness, by a measure so dangerous to life, and one that admits no alternative, a proportion of two-thirds of the victims of a disease which is inevitably and briefly fatal! Its limited duration is usually one of unmitigated suffering and privation, and its rapid and ungovernable course can only be arrested by an operative process of great severity; and it is in the highest degree important, both as a question of science and humanity, to determine which of these conditions should prevail.

It is obvious that an inquiry of such magnitude can only be determined upon a clear comprehension of material facts, particularly such as appertain to the *hygienic condition of the survivors;* for the mere averment, that a numerical proportion simply *survives*, is an insignificant element of value. If it cannot be shown that the survivors are unconditionally restored to the enjoyments and obligations of life, the operation of ovariotomy must, upon the plainest dictates of reason and humanity, be considered as indefensible; for there can otherwise be no equivalent for the extravagant waste of life that has as yet attended it. It is mainly to establish this point that the subjoined testimony, drawn from authentic sources,* will now be presented; and it is believed that its practical importance will induce a more rational appreciation of the value and propriety of this operation than has formerly been entertained. It is

* By this term is meant the result of a personal correspondence, by the author, with the individuals whose names are quoted in this article.

true, sufficient time has not yet elapsed to develop fully the sanative history of the survivors; yet it is already sufficiently ample to determine the essential fact, that restoration to health, when it occurs, is complete and unconditional.

The results communicated by Mr. Jeaffreson, of Framlingham, England, are of peculiar value on account of the priority of the dates of his operations. He has twice performed ovariotomy with entire success, both patients being fully restored to health. One is living since 1836, and has meanwhile borne four children; the other died at the expiration of fourteen years. In both, restoration was permanent and absolute. This gentleman originated the *minor* incision of the abdomen.

Dr. D. McRuer, Bangor, Maine, has once performed gastrotomy successfully; but the patient died, at the expiration of two months, of ascites. Her recovery from the immediate consequences of the operation was more surprising to him than the final result, inasmuch as the peritoneal surfaces were in an inflamed and granular condition. Death could not, therefore, be attributed to the operation; but to the chronic inflammation of the serous membranes, terminating in serous effusion. This will constitute the only instance herein reported in which the operation was succeeded by effusion.

Prof. William H. Van Buren, New York, has extirpated a pedunculated, fibrous tumor of the uterus successfully. His patient was a healthy young woman, who is still living, after five years of uninterrupted health. All the elements of success existed in this case, — early life, vigorous health, and mobility of the tumor. A second case terminated adversely, the tumor proving malignant in its character.

Prof. A. March, Albany, has performed this operation four times, his first being in 1849; and the patient is still living, in perfect health. His second case was unfinished, in con-

sequence of adhesions; but the patient recovered, and died some months subsequently, in the ordinary course of the disease. His third case was fibro-extra-uterine, with a broad base, and terminated adversely. His fourth proved to be fibro-intra-uterine, and resulted fatally.

The writer has twice performed gastrotomy. His first case was fibro-extra-uterine, with thick attachments, and the tumor was not removed. The patient recovered. The second case was an immense unilocular cyst, containing thirty-five pounds of serum. The intestines were in a state of chronic inflammation; and after death, which occurred in fourteen days, they were in a gangrenous condition.

Charles Clay, Esq., Manchester, England. This distinguished surgeon has unquestionably performed this operation more frequently than any living surgeon, or any who ever lived; and his thorough practical acquaintance with its details entitles his opinions to be received with entire respect. He commenced extirpation in 1842; and at the date of his communication, Sept. 18, 1854, his operations numbered sixty-five; of which forty-six terminated in recovery, and nineteen died, — being a ratio of 1 death to 3.42 recoveries, a proportion .42 per cent higher than the average standard of all operations, which, as formerly mentioned, is one death to three operations. It is due to Mr. Clay, that his opinions of the value of statistics, as applied to ovariotomy, should be here stated, — that they are either very valuable or entirely worthless, according to the mode adopted in arranging them. If the single, or at most two or three, operations of isolated persons attempting them without previous experience be included, it is obviously unfair, as the ratio of mortality will be much too high: the operations of those who have performed it largely should be taken by themselves. The justice of these views may be understood by reference to the tables of Prof. Atlee,

where of sixty-nine operators, whose individual operations did not exceed two, the aggregate is seventy-nine; of which forty-seven, or 2.39 per cent, recovered, and thirty-two, or 2.47 per cent, as compared with the recoveries, died, — a result .53 per cent *below* the average standard of all operations, and .95 per cent below the ratio of Mr. Clay. His opinion is, therefore, sustained by facts. It is due to him also, in showing the *progressive* ratio of his recoveries, that his cases should be separately analyzed; for, by judicious selection of subjects and ripe experience, he has attained a degree of success that is probably unsurpassed. Of his first twenty cases, eight died; of his second twenty, six died; of his last twenty-five cases, five only died; so that the mortality has gradually decreased from 1 in 2.50 to 1 in 3.33, and, lastly, to 1 in 5, — a success far greater, he observes, than anticipated, and considerably greater than occurs in many capital operations. It is upon the consideration of success like this, the legitimate results of well-directed judgment and skill, that the violent operation of gastrotomy can receive the sanction of the profession or the confidence of the commuuity, or that captious objections to its performance can be silenced. Such results likewise clearly demonstrate the value of special practice in comprehending and surmounting the difficulties that baffle success.

Of the forty-six recoveries, all were restored to health with two exceptions: in one, ulceration was established, and the party still lives, in good health; in the other, the left diseased ovary was removed; but the right one subsequently became diseased, and so remains. Forty-four of the entire number were restored to perfect health. Four of the recovered patients have since borne children, — one of them three, another two, and two of them one each. The general tendency of the survivors is to become fatter.

Many of the patients had previously been tapped, some of them many times; but the majority of the successful cases were of those in whom the tumors were of a solid, lobulated character, offering no relief by tapping. This is a distinction of paramount importance. The majority of the recoveries were in those subjects in whom the ovarian growth was removed ere it became encysted, or other organic mischief resulted; while, in fact, it was simple and uncomplicated. This diagnostic point deserves particular attention, as it is the indispensable index to probable success.

The subjects thus restored to health are, with the exception of four, still living. Two died, at the expiration of four years, of typhoid-fever; one of inflammation of the bowels, two years after; and the fourth died seven years after the operation, but the disease of which she died is unknown. It will thus be perceived, that, of those who died subsequently to the operation, the diseases were independent of the original hypertrophy, having no connection with it, immediate or remote. Mr. Clay concludes his most interesting information by asserting the positive opinion, that, in the aggregate of his cases, the sum of life has been greatly augmented by the operation, and that it is justifiable, provided the case be properly selected, and the subject be free from other organic mischief, and adhesions be not extensive; although, on this point, he had no difficulty in overcoming even extensive adhesions, and many of the worst adhered cases made the best recoveries. As relates to age, his cases embrace a range from seventeen to fifty-seven years; and within the first and beyond the second limits he would advise no operation.

Prof. W. L. Atlee, Philadelphia. This gentleman has undoubtedly performed ovariotomy more frequently than any other American surgeon; and his name is intimately

related to this operation, and his opinions are very justly entitled to high consideration. Prior to September, 1854, he had performed gastrotomy twenty-six times; and of this number, fifteen subjects recovered, and eleven died. It must be stated, in exact justice to the merits of these operations, that, of the entire number of subjects, eleven should be considered as desperate in their character, in whom the vital powers were rapidly failing, and upon whom the operation was undertaken as a last resort. This fact simply renders a particular analysis of his cases necessary: they should, therefore, be classed into those favorable to probable success, fifteen in number; and those unfavorable, eleven in number. Of the first class, eleven recovered, — a proportion of one death to four subjects nearly. Of the doubtful class, four recovered, and were considered to be rescued from impending death, and seven died. Two only of the survivors were partially benefited: the tumors being uterine, their removal was not accomplished. In one of these unfinished cases, relief from suffering and danger was attained by puncturing a deep-seated abscess, which probably would have ruptured into the peritoneal cavity, at imminent risk of a fatal termination to life. The party has since been exempt from pain, and continues in improved health. In the other case, the patient exchanged a condition of suffering for one of comparative comfort. Two other patients remain without change: the tumors, being uterine, were not removed. Separating those four cases from the fifteen recoveries, and the remainder, eleven, were restored to unqualified health. Ten of the survivors are now living: two have each lived over five years; three, over four years; two, three years; one, one year; and another has recently recovered from the operation. Of those who have died, one lived thirty days; one, thirty-nine days; two others, six months each; one, three years; and one, three and one-

third years. Their diseases were asthenia, cholera-morbus, erysipelas, phthisis pulmonalis, and, in one instance, the progress of the unremoved tumor. It therefore appears, that in these survivors there were no complications of disease that did not exist prior to the operations, excepting only those stated as the cause of death. The unfavorable aspect of some of the cases of Mr. Atlee may be comprehended from the fact that tapping had been performed in fifteen out of the twenty-six subjects. Nine were tapped each once; three, each twice; one, five times; and another, sixteen times. These facts show the advanced progress of the diseases; the tumors having passed from the *solid, lobulated* character, so favorable to the success of Mr. Clay, and become encysted, and consequently, to a certain degree, involving the vital and constitutional powers. Excluding the desperate cases, a proportion of three-fourths of the remainder recovered fully. Three of the subjects have subsequently borne children, — two of them several times. Dr. Atlee is firmly of the opinion, that the aggregate sum of life has been greatly increased in the subjects of his operations; although this question cannot be definitely settled, — sufficient time not having elapsed to determine, to the full extent, the lives of the survivors.

The total number of the subjects of gastrotomy, whose history is herein given, is one hundred and two; of whom sixty-eight recovered, and thirty-four died, — a proportion of two recoveries to three operations; which will compare favorably with the ratio of other capital operations. Malgaigne computes the deaths after operations of all kinds, in the hospitals of Paris, as four in ten cases. In the tying of arteries, the proportion is three and one-half in ten; and in hernia, it is five in ten. Dr. Hayward observes, that, in two thousand amputations occurring in civil practice in Great Britain, one subject in four died; and, in

five thousand cases in various parts of Europe, one out of three died; and that more than one-half of those whose limbs were amputated in some of the Parisian hospitals died. Of fifty-five amputations performed in the Pennsylvania Hospital, during a period of eight years, twenty-one died. Of one hundred and nineteen amputations of the thigh in the Massachusetts General Hospital, from 1830 to 1850, twenty-nine, or one-fourth part, died. Finally, the result of Mr. Phillips's Statistical Inquiry shows that the mortality attending amputations in France, Germany, England, and America, combined, is twenty-three seven-sixteenths per cent. The statistics of other capital operations show a mortality equally great; and, in comparison, the operation of ovariotomy, although it has encountered the stubborn difficulties of its incipient developments, exhibits a rate of mortality not more unfavorable. It has this incomparable advantage, that the survivors are literally restored to health and happiness, whereas in amputations they are crippled for the rest of life. Notwithstanding the hostility it has encountered, this operation, equally with other unavoidable capital operations, stands justified by its results, by the voice of conscience, and by the claims of humanity. The objections against its performance have been urged in a captious and magisterial spirit; as by Dr. Meigs, whose ground of objection lies in that principle of surgery, — which is its highest principle, — that there can be no duress, no binding obligation to perform it, and that the surgeon's conscience be at peace, although the patient perish by the progress of the malady. If this non-committal doctrine govern the surgeon's conduct, no operation involving hazard to life could be performed, — no capital operation whatever; for there is none, strictly regarded as voluntary, to which the same rule of objection would not apply. No great amputation, no operation for urinary calculus, none for hernia, aneurism,

and the like, would be undertaken, because there would exist no binding obligation upon the surgeon's conscience. It is the fate of innovation upon established doctrines to be received with prejudice, and to be opposed by hostility; it is also the glory of true science to establish truth; and, guided by science and the spirit of investigation that characterizes the age, the operation of the abdominal incision is to become, if it be not already so acknowledged, a standard operation, and a triumph of modern surgery.

JAMES DEANE.

GREENFIELD, June, 1855.

ARTICLE II.

STUDY AND PRACTICE OF MIDWIFERY.

BY JOHN G. METCALF, M.D.,

OF MENDON.

READ AT THE ANNUAL MEETING, MAY 28, 1856.

Mr. President and Fellows of the Society, —

On the first day of November, 1781, the Legislature of this Commonwealth passed an act "To incorporate certain Physicians, by the name of the Massachusetts Medical Society." We are met here to-day to celebrate the seventy-fifth anniversary of that Society; and to you who have come up hither to assist in the discharge of the duties of the present occasion, from the length and breadth of the old Bay State, — from the hills of Berkshire, from the heart of the Commonwealth, from the isles of the sea, and from the green banks of the Merrimack and the Connecticut; to you who have risked the consequences of another hegira from the toils and perplexities of professional demands, to brighten the chain of friendship, and see that its strength be not lessened by the rust which may have fastened upon its links since our last plea-

sant annual gathering at Springfield, — I am happy to extend a cordial and an affectionate welcome.

Although believing that the chief advantages of our annual meeting are to be found in the opportunities which it affords for initiating new and cementing old friendships, rather than in the consideration of abstract questions of science or art; in the familiar and unrestricted interchange of those kindly affections and sympathies, whereby we are not only made better men, but better physicians, rather than in the sharp encounter of professional discussion, or the constrained attention conceded, by conventional courtesy, to the delivery of an annual discourse, — still, finding a lack of courage to decline or desert the honorable post which the favorable consideration of the Councillors had assigned me to-day, and notwithstanding I come after those whose labors have done so much to elevate and enlarge the character of our Society, as well as the medical profession at large, in accordance with a custom, time-honored at least, I am before you for the occupancy, I hardly dare say for the improvement, of the current hour.

I propose to make use of the time allotted to me at this meeting by laying before you, for your consideration, a statistical account of 1,786 cases of Midwifery; 1,105 of which occurred in my own practice, and 681 were collected from the note-books of professional friends, and for whose kindness I desire, in this public manner, to return my sincere thanks. They all occurred in the County of Worcester, and are scattered over a period of thirty years, from 1826 to the present

time. The truthfulness of the facts may be relied on, as they were all noted at the time of their occurrence, and set down in "abstracts" of uniform construction.

A word, by way of preface, upon the subject of statistics. I am aware that it has been objected to statistical analyses, by affirming that "it is the easiest thing possible to pile figures upon figures: but, unless deduced from correct data, they serve only to mislead; and they do this the more readily, that they have a scientific air about them, and that most people shrink from the irksome task of examining whether tabular statements be correct or not. There is nothing, indeed, about which one should be so sceptical as the great number of what are called statistical facts and details, or with respect to which a sound and searching criticism is so necessary. The reader would do well, generally, to look with suspicion and distrust on most statements, how imposing soever they may appear, unless he be informed of the sources whence they have been derived, and the principles on and mode in which they have been compiled." *

To these words of caution I fully consent. That figures will not lie, or that every proposition can be established by some mathematical legerdemain in the construction of tabular statements, as some ardent statisticians would have us believe, is quite as wide from the mark as that the "numerical method" of Louis has furnished no aid in the study of disease, or achieved no claim to grateful and honorable distinction for the indefatigable physician of La Pitié. The

* One of the writers in Brande's Encyclopædia.

champions of these diverse opinions are both, we believe, equally distant from the truth: the one, that he builds up an hypothesis, splendid and gigantic though it may be in the details of its arrangements, and wrought out by the most elaborate architecture, upon doubtful or insufficient data; the other, that he distrusts the clearest inductions of reason, and denies their logical sequence, without ever inquiring into the number of facts upon which it is claimed they are based, or the principles on or the mode in which they have been collocated and compared. The one forgets that the progress of Truth is slow: the other ignores the fact that she moves at all. The one, wondering that we are not as sharp-sighted as himself, calls upon us to yield a full and unmodified assent to his crude generalizations and his wire-drawn conclusions *per saltum;* while the other, quite as honest, beseeches us, by our regard for prescription and our veneration for the fathers, to hold back the confession of our convictions, at least until the dawn of the millennium, simply because they were arrived at by a process which his eocene conservatism has hitherto prevented him from recognizing. "Nihil dum enim sciebant," is the exultant rallying cry of the one; "Culpâ vacare magnum est solatium," the complacent rejoinder of the other; and, between the disputants, truth remains fixed at the old stand-point.

But when we cannot object to the sources from which the facts have been derived, nor to the principles on or mode in which they have been selected, combined, and compared, who can doubt that statistical analysis

may demonstrate an enlargement of the boundaries of truth? True, the results from a few observations are not to be relied on for the establishment of conclusions contrary to received opinions: but, when facts have been multiplied; when "figures have been piled on figures," and the same results uniformly obtained; when the collocations and comparisons have been subjected to a close and uncompromising criticism, and no fallacy can be detected in the details of the various operations; when the foundations, as well as the superstructure, colossal though it may be in its proportions, and exceeding all former experience, have been attacked by the logician, and no expert has been found skilful enough, by sap or battery, to effect a practicable breach even in the outworks; when no Malakoff has been carried by assault, and no Redan holden for a space against fearful odds, — who, I ask, will say that no progress has been made in the march of truth?

A myth of the ancients made Truth the daughter of Time; and will any one question the wisdom of an apotheosis that assigned to her such an apposite paternity? Time elaborates all truth; and they who desire to be imbued with its spirit, or profit by its assistance, if they think to compass their object without days and months and years of patient research and careful and untiring observation, will find themselves, in the end, miserably mistaken.

So, too, no one man can find out the whole truth. He may do much to eliminate error, and make the truth more plain and palpable; but, subtracting his

own from the experience of fifty centuries, which he finds ready at his hand, he can only claim to advance the truth by an almost imperceptible stage. On the 23d of September, 1846, Gallé, of Berlin, received a communication from Leverrier, containing the following injunction: "Look, and you will find it." But could Leverrier have instructed the Prussian astronomer to what particular point in the heavens he should direct his telescope, or even what quarter of the starry concave he should sweep, for the discovery of Neptune, if astronomy had been a recent science? Nay, further, who can say that the barbarian nomad, who watched the rising and setting of the stars, some two thousand years ago, upon the plains of Chaldea, did not originate the process by which the French astronomer has immortalized his name? Did Smellie, think you, receive no hint from the torculum volvens of Rhazes, or Baudelocque from the impellens and the almisdach of Albucasis, in the perfection of the instruments which they introduced into the practice of midwifery?

But although, individually, we can add but little to the stock of knowledge already stored away in the garners of medical science; although no one man in a thousand can so far outstrip his fellows as to win a merited crown of distinction above them, — still, the obligation to contribute that little presses with equal weight upon each one, and as strongly, as though each was a Sydenham, a Cullen, or a Hunter. What had a Sydenham, a Cullen, or a Hunter, done for the cause of medical science, if the experience of his predecessors had not been transmitted for his instruction?

Nay, if Hippocrates and Avicenna and Galen had not recorded the results of their experience and the deductions of their philosophy, would not the advent of a Sydenham, a Cullen, and a Hunter, have been postponed to the completion of some future and distant cycle of the world's age?

Inasmuch, then, as we find the sum total of medical knowledge made up of almost infinitesimal accretions; that the contributors to the ever-accumulating aggregate are so numerous, that, without figure of speech, no man can number them; and as we feel impelled by the force of an obligation which no good man or good physician can be disposed to resist, — we shall be left without excuse if we withhold even our mite from the common fund. Yielding to the conviction induced by these considerations, and hoping — fearfully though it may be, if no new aids and appliances shall have been brought to light — that something will have been done, by the confirmation of our present experience, to cheer us in the toilsome discharge of professional obligations, the following contribution to the Study and Practice of Midwifery is respectfully submitted.

Before proceeding with the numerical analysis heretofore proposed, it will be proper to state that I have made use of the statistical tables of Collins, Churchill, and others; adding thereto, for purposes of comparison, the observations made by myself, and such other American practitioners as were found within my reach. The small number of cases I have been able to collect, without the means of comparison, would have afforded but a small remuneration for the labor required to

condense their elements into the shape of tabular statements. And, when I speak of comparison, I would caution those who may, peradventure, look over the tables which may be found in the succeeding pages, to remember that but few of the European cases were collected from the records of private practice, but were mostly taken from the reports of lying-in hospitals located in the midst of large and densely populated cities; and that, therefore, the results of any comparison between the private practice among the better part of the community of American cities, or the experience gleaned from a tract of country proverbial for its salubrity, and the practice of European hospitals, can only be received as an approximation to the truth. I have long felt that American obstetricians, with the abundant materials which might so readily be collected, have not bestowed that consideration upon the science of statistics, as connected with the practice of their art, which its importance demands; and I trust I shall not render myself obnoxious to the charge of an assumption I should hesitate to incur, if I express the hope, that the present attempt in that direction may do something to incite others, with more extended opportunities for observation, to bestow a larger share of attention upon this inviting field of professional investigation.

Table I. — *Age of Mothers when married.*

Of the 1,786 cases of midwifery which it is proposed to analyze, the age of the mother at marriage was

noted in 1,425 instances. The table is to be read as follows, thus: 3 mothers were married at 14 years of age; and so on.

Number of cases	3	5	21	107	175	173	161	143	137	130	120	80
Age when married	14	15	16	17	18	19	20	21	22	23	24	25
Number of cases	55	38	29	10	15	8	5	2	1	3	2	2
Age when married	26	27	28	29	30	31	32	33	35	36	38	41

Adding the ages of the mothers, gives an aggregate of 30,599 years; and dividing this sum by 1,425, the number of mothers, gives 21 years 5 months 20 days and a fraction, as the mean age when married. The table also shows that 788 were married at the age of 21 or under, and 637 after that period: furnishing, in the first instance, a ratio of 55 per cent; and, in the latter, one of 45 per cent.

Table II. — *Age when delivered.*

The age of the mother at delivery was ascertained in 1,440 instances; and the table is to be read thus: 2 were delivered at the age of 14, 3 at 15; and so on.

Number delivered	2	3	13	49	58	71	81	108	78	93	74
At what age	14	15	17	18	19	20	21	22	23	24	25
Number delivered	80	108	69	51	81	38	41	49	35	36	61
At what age	26	27	28	29	30	31	32	33	34	35	36
Number delivered	42	30	26	23	8	10	6	9	3	4	
At what age	37	38	39	40	41	42	43	44	45	46	

By an examination of the foregoing table, we shall find, that, of the 1,440 deliveries, 1,019 were accomplished before the mother had completed the thirtieth year of her life, leaving 421 deliveries to be effected after that age; giving a ratio of 70 per cent of the whole number of births which take place before the mother has arrived at the middle period of her child-bearing life.

TABLE III. — *Comparison of Ages when delivered, at Dublin (Ireland), Boston, and Mendon.*

The table contains 16,385 cases at Dublin, by Dr. Collins; 451 at Boston, by Dr. D. H. Storer; * and 1,440 at Mendon; and is to be read thus: 2 cases at Mendon were delivered at 14 years of age; 3 at Dublin, and 3 at Mendon, at 15; 19 at Dublin, and one at Boston, at 16; and so on.

Age when delivered	Whole No.	14	15	16	17	18	19	20	21	22
Dr. Collins . .	16385		3	19	70	237	433	926	682	1142
Dr. Storer . .	451			1	2	11	17	18	30	42
Dr. Metcalf .	1440	2	3		13	49	58	71	81	108
Aggregates . .	18276	2	6	20	85	297	508	1015	793	1292

Age when delivered	Whole No.	23	24	25	26	27	28	29	30	31
Dr. Collins . .	16385	1023	1089	1174	1295	983	1340	517	2346	242
Dr. Storer . .	451	39	29	36	34	25	32	20	22	7
Dr. Metcalf .	1440	78	93	74	80	108	69	51	81	38
Aggregates . .	18276	1140	1211	1284	1409	1116	1441	588	2449	287

* Statistics of the Boston Lying-in Hospital, by D. HUMPHREYS STORER, M.D., one of the Physicians of the Massachusetts General Hospital. Published in the American Journal of the Medical Sciences for October, 1850.

TABLE III. *(continued.)*

Age when delivered	Whole No.	32	33	34	35	36	37	38	39	40
Dr. Collins . .	16385	467	378	384	396	379	153	217	65	326
Dr. Storer . .	451	22	9	6	12	8	6	11	3	6
Dr. Metcalf .	1440	41	49	35	36	61	42	30	26	23
Aggregates . .	18276	530	436	425	444	448	201	258	94	355

Age when delivered	Whole No.	41	42	43	44	45	46	47	50	53
Dr. Collins . .	16385	15	21	18	17	11	5	6	5	1
Dr. Storer . .	451		1			1		1		
Dr. Metcalf .	1440	8	10	6	9	3	4			
Aggregates . .	18276	23	32	24	26	15	9	7	5	1

By an inspection of this table, we find, that, of the 18,276 labors, 12,207 were accomplished before the mothers had arrived at the age of 30 years, leaving but 6,069 to occur after that period; and that these proportions very closely approximate to those furnished by the 1,440 cases at Mendon.

TABLE IV. — *Whole Number of Pregnancies.*

Before constructing this table, I feel bound and am happy to acknowledge the kindness of Dr. W. Chew Van Bibber, of Baltimore, in the transmission of a very valuable report, made by him to the Medical and Chirurgical Faculty of Maryland in 1855, and which report gives a statistical analysis of 4,309 cases of midwifery occurring in the practice of the late Dr. Peter Chatard, of that city. Allow me to say, in this connection, that this report shows Dr. Chatard to have been a bold, skilful, and successful practitioner of

midwifery; and that he has left an example of patient and honorable industry, while engaged in the arduous and exhausting duties of an extensive practice, worthy of all commendation.

In this connection, I also acknowledge the obligations I am under to Thomas F. Cock, M. D., Physician to the New-York Hospital, for a Commentary and Supplement to his "Cases in Midwifery, with Remarks" (published in the "New-York Journal of Medicine" for November, 1855), kindly furnished me at my request, as well as for his kindness in procuring for me a synopsis of the cases in midwifery that have occurred at the Bellevue Hospital, N.Y., since 1850. To Dr. James B. Reynolds, the Senior-Assistant at Bellevue, who, at the request of Dr. Cock, made an analysis of those cases, I am also indebted for a valuable contribution to these pages.

The table is to be read thus: 347 cases at Baltimore, 193 at Boston, 737 at Bellevue, and 472 at Mendon, were first pregnancies; and so on.

No. of Pregnancy.	No. Cases.	1st.	2d.	3d.	4th.	5th.	6th.	7th.	8th.	9th.
Dr. Van Bibber .	1643	347	283	238	218	140	112	77	77	39
Dr. Storer . . .	417	193	88	40	25	23	18	14	8	2
Bellevue Hosp., N.Y.	1343	737	281	131	89	47	19	14	17	3
Dr. Metcalf . .	1723	472	359	258	201	148	123	54	34	21
Aggregates . . .	5126	1749	1011	667	533	358	272	159	136	65

No. of Pregnancy.	No. Cases.	10th.	11th.	12th.	13th.	14th.	15th.	16th.	17th.	20th.
Dr. Van Bibber .	1643	26	24	21	19	8	7	6	1	
Dr. Storer . . .	417	4		1				1		
Bellevue Hosp., N.Y.	1343	3		1	1					
Dr. Metcalf . .	1723	17	15	11	3	2	1	2	1	1
Aggregates . . .	5126	50	39	34	23	10	8	9	2	1

The table shows, that, at Baltimore, the 1,643 mothers had been pregnant 6,730 times, furnishing an average of 4 pregnancies to each mother; at Boston, the 417 mothers had been pregnant 1,060 times, furnishing an average of 2.5 pregnancies; at Bellevue, the 1,343 mothers had been pregnant 2,713 times, furnishing an average of 2 pregnancies and a fraction; while, at Mendon, the 1,723 mothers had been pregnant 5,704 times, furnishing an average of 3.3 pregnancies to each mother.

I found, when making inquiries of my patients of the number of pregnancies, that frequently I was not understood as intending to include abortions and miscarriages; and, when the question was more plainly stated and understood, it is not improbable, from the fact that many women feel a strong disinclination to acknowledge an abortion, that true answers may have been sometimes withheld. The difference in the averages above noted may, in part, be reconciled by these considerations.

Table V. — *Duration of Labor.*

The duration of labor cannot be determined with that certainty which attaches to many of the processes of parturition. After having adopted any of the multiplied definitions of the various authors within our reach, as we are seldom, if ever, present through the entire duration of a single case, we must necessarily depend upon the patient or her friends for the data upon which to predicate its commencement. Assuming, as is done in the present communication, that the

duration of labor is that interval of time included between the incursion of *true* pains and the birth of the child, how are we to be certain that the patient gives us a true account; that she is able to distinguish between the true and spurious pains, &c. ? It must be plain, therefore, that we cannot always be sure of the precise point of time when labor commences, and that some allowance must be made in the results of all statistical analyses upon this subject on that account. Suffering alone is not sufficient to establish the incursion of labor; for a patient may be suffering a great amount of pain before that point be arrived at. When the uterus acts partially or inefficiently; when pains are felt at the fundus, are of limited extent, and return at uncertain intervals; when there is no mucous discharge from the vagina; when the os uteri is not dilated, or the membranes not protruded, — the patient may be suffering exceedingly: but it cannot be said that these symptoms alone certainly denote the commencement of labor. On the other hand, when the pains recur at regular intervals; when they gradually increase in strength and frequency; when there is a regular increment and subsidence of the force of each pain, with a period during its continuance when the pain remains stationary; and when the vagina becomes lubricated with mucus, — we may assume that the pains are true, and that labor has commenced.

We should remember, too, that the patient is liable, at almost any period of gestation, to an attack of these false pains; and hence it becomes of great importance that we should be able to make a correct diagnosis, and not mistake the false for the true pains; as other-

wise we may, by our neglect, subject the patient to many hours of acute suffering, when a dose of opium, preceded, if the constipated state of the bowels require it, by an injection or an aromatic laxative, would have procured her speedy relief.

The following table exhibits the duration of labor in 15,850 cases at Dublin, 1,179 at Baltimore, 433 at Boston, and 1,781 at Mendon, and is to be read as follows, thus: 161 cases at Dublin were delivered in a quarter of an hour, 309 in half an hour; 3,067 at Dublin, 16 at Baltimore, 12 at Boston, and 15 at Mendon, were delivered in one hour; and so on.

Hours in Labor		¼	½	1	2	3	4	5	6	7
Dr. Collins . . .	15850	161	309	3067	3513	2487	1920	923	1032	333
Dr. Van Bibber .	1179			16	73	100	103	93	131	68
Dr. Storer	433			12	28	23	26	41	38	27
Dr. Metcalf . . .	1781			15	73	46	64	56	142	56
Aggregates . . .	19243	161	309	3110	3687	3656	2113	1113	1343	484

Hours in Labor		8	9	10	11	12	13	14	15	16
Dr. Collins . . .	15850	553	156	209	63	358	38	59	32	41
Dr. Van Bibber .	1179	87	25	45	11	110	11	20	29	21
Dr. Storer	433	22	23	21	12	21	13	10	10	19
Dr. Metcalf . . .	1781	122	39	74	29	287	37	23	22	24
Aggregates . . .	19243	784	243	349	115	776	99	112	93	105

Hours in Labor		17	18	19	20	21	22	23	24	25
Dr. Collins. . . .	15850	28	63	10	42	8	5	9	166	2
Dr. Van Bibber .	1179	8	15	7	9	6	7	1	82	13
Dr. Storer	433	5	13	6	6	2	5		8	6
Dr. Metcalf . . .	1781	32	52	10	23	7	16	8	262	8
Aggregates . . .	19243	73	143	33	80	23	33	18	518	29

TABLE V. *(continued.)*

Hours in Labor .	. . . .	26	27	28	29	30	31	32	33	34
Dr. Collins	15850	12	6	18	7	40		6	6	2
Dr. Van Bibber .	1179	9	3	2	1	7	4	1		2
Dr. Storer	433	3	2	5		2	2	3	1	1
Dr. Metcalf . . .	1781	4	6	12	7	24	2	9	4	6
Aggregates . . .	19243	28	17	37	15	73	8	19	11	11

Hours in Labor .	. . . .	35	36	37	38	40	41	42	43	44
Dr. Collins	15850	3	32		3	21	2	3	2	1
Dr. Van Bibber .	1179	2	7	2		5	1			
Dr. Storer	433	1	4	1		2	1	1		
Dr. Metcalf . . .	1781		72	10		20	3	7		
Aggregates . . .	19243	6	115	13	3	48	7	11	2	1

Hours in Labor .	. . . .	45	47	48	49	50	51	53	56	57
Dr. Collins	15850			47		12	2	2	4	1
Dr. Van Bibber .	1179			22		3				
Dr. Storer	433	1		1				1		
Dr. Metcalf . . .	1781		3	33	2	4			9	
Aggregates . . .	19243	1	3	106	2	19	2	3	13	1

Hours in Labor .	. . . .	58	59	60	62	63	65	66	67	69
Dr. Collins	15850	2	1	8	1	1	3	1		
Dr. Van Bibber .	1179			1						
Dr. Storer	433	1								
Dr. Metcalf . . .	1781			3			1	2	2	3
Aggregates	19243	3	1	12	1	1	4	3	2	3

Hours in Labor .	. . . .	70	72	74	80	84	85	88	90	96
Dr. Collins	15850	6	3	1	1	1			1	
Dr. Van Bibber .	1179		12							4
Dr. Storer	433		1	1				1		
Dr. Metcalf . . .	1781	2	1				1		1	1
Aggregates	19243	8	17	2	1	1	1	1	2	5

The 15,850 patients at Dublin were in labor, in the aggregate, 71,858 hours, and the average length of labor was 4 hours and 32 minutes; the 1,179 patients at Baltimore were in labor 13,987 hours, and the mean duration of labor was 11 hours and 53 minutes; the 433 patients at Boston were in labor 5,284 hours, and the mean duration was 12 hours and 12 minutes; while the 1,781 patients at Mendon were in labor 28,847 hours, and the mean duration of labor was 16 hours and 12 minutes.

Dr. Van Bibber, in the report before referred to, tells us there were 608 cases noted by Dr. Chatard as being "very quick," "some hours," and "spontaneous." These, he thinks, would average 4 hours; and adding these 608 to the 1,179 cases of the table, making 1,787 cases, the mean duration of labor at Baltimore would be 9 hours and 11 minutes.

It is not apparent why there should be so great a discrepancy in the mean duration of labor at the different places of observation. If there was a standard, to which all would agree, by which to measure the duration of labor, and we could in all cases be certain of the exact point of time of its commencement, we should, I think, be able to make a large abatement from the differences above noted. Differences in the social condition and the sanitary influences by which each are surrounded, cannot, it seems to me, account for the wide difference in the extremes at Dublin and Mendon. True, the subjects gathered from the close and squalid lodgings of an old European city, into the wards of a hospital, cannot be expected to possess

the same measure of health, or exhibit the same phenomena under disease, or be subject to the like complications in the process of parturition, with the inhabitants, and especially the better classes, of an American city, much less with those who pass their lives amid the invigorating influences of a New-England home in the country.

TABLE VI. — *Comparison of the Duration of Labor in American with that observed in British Practice.*

AMERICAN PRACTICE.											
Authors.	Whole No. Cases.	Ended in 6 hours.	Per cent.	6 to 12 hours.	Per cent.	12 to 18 hours.	Per cent.	18 to 24 hours.	Per cent.	Above 24 hours.	Per cent.
Dr. Burwell* . .	526	150	28.5	162	30.5	95	18.0	61	11.5	58	11.0
Dr. Van Bibber .	1179	516	43.7	346	29.4	104	8.8	112	9.5	101	8.6
Dr. Storer	433	168	38.8	126	29.2	70	16.2	27	6.2	42	9.6
Dr. Metcalf . . .	1781	396	22.2	607	35.0	190	10.8	326	18.0	262	14.0
Aggregates	3919	1230	33.3	1241	31.0	459	13.9	526	11.3	463	10.8
RESUMÉ.											
Countries.											
England	20296	14508	71.6	3854	18.5	393	1.9	843	4.4	698	3.6
United States . .	3919	1230	33.3	1241	31.0	459	13.9	526	11.3	463	10.8
Total	24215	15738	52.4	5095	24.7	852	7.9	1369	7.8	1161	7.2

* "Statistics and Cases of Midwifery, compiled from the Records of the Philadelphia Hospital, Blockley. By George N. Burwell, M.D., Resident Physician." — See American Journal of the Medical Sciences for April, 1844.

The discrepancies in the practice of the two countries is owing to the large number of cases (15,850) in English practice by Dr. Collins. The results obtained from other British practitioners exhibit but little variation from those deduced from American cases; and, if no error was made in Dr. Collins's notation of the duration of labor, it remains a curious, and to me an inexplicable, fact, that 82 per cent of all labors at the Dublin Lying-in Hospital should be terminated within six hours; while the average for other British practitioners, for the same period, is only 39 per cent, and, for American practice, 31 per cent.

Table VII. — *Presentations.*

The 1,786 cases of labor gave birth to 1,797 children, there being 11 cases of twins. The presentation was recorded in 1,768 instances; and the table is to be read as follows, viz.: of the 1,768 presentations, 1,711 were presentations of the vertex, 2 of the face; and so on.

	Whole No. Cases.	Vertex.	Face.	Face to pubis.	Shoulder.	Arm.	Breech.	Knees.	Feet.	Foot and knee.	Funis.	Placenta.
Presentations	1768	1711	2	10	1	1	18	3	12	1	6	3

Presentation of the vertex, being the normal position of the child at the period of labor, and especially at the full period, does not ordinarily furnish a subject

for discussion or comment; as the well-being of either mother or child cannot be so safely predicated upon any other presentation. We do not allow that this presentation ever compromises the safety or life of either mother or child; and hence we are not called upon to criticize the relation of the fetal head to the uterine or pelvic passages, in considering the process of delivery in the presentation in question. In the present analysis, the 1,711 cases of presentation of the vertex, as such, unless their frequency should stimulate inquiry into the reasons for a position so constantly met with, furnish no topic for profitable consideration. Without assuming to receive or reject the evidences brought forward by their respective champions to sustain, in full, any of the theories which have been constructed to explain this phenomenon; without throwing down the gauntlet to Dr. Simpson, or consenting to the charge, should it be made, of adopting Dr. Duncan as his Magnus Apollo, — one may be allowed to say, that the almost constant presentation of the vertex cannot be a matter of chance or accident, but must depend upon some general law; and that, if we follow the advice of Newton, to choose always the simplest explanation of a fact or phenomenon, the gravitation theory, as it has been called, furnishes the readiest and most intelligible solution of the point in question.

But, whether we agree to this explanation, or whether we reject it; whether we take sides with Dr. Simpson, or fall into line under the banner of Dr. Duncan, — the fact still remains, that, for some reason,

the head, at birth, is almost universally the dependent portion of the child.

TABLE VIII. — *Presentation of the Vertex.*

This table exhibits the frequency of presentation of the vertex, as it has been reported by different obstetricians.

It is proper to state in this place, that tables, giving the details of British, French, and German practice, were constructed; but, owing to the great length of this discourse, and the greater expense of tabular work, in this, as well as in the following tables, the *resumé* only of foreign practice is given.

AMERICAN PRACTICE.			RESUME'.		
Authors.	Whole No. Cases.	Vertex.	Countries.	Whole No. Cases.	Vertex.
Dr. Burwell	547	516	England	44,300	41,686
Dr. Van Bibber . . .	4,135	4,024	France	54,749	51,977
Dr. Storer	440	425	Germany	220,989	215,733
Bellevue Hospital, N.Y.	1,348	1,291	United States . .	8,485	8,197
Dr. U. Potter * . . .	247	230			
Dr. Metcalf	1,768	1,711			
Aggregates	8,485	8,197	Total	328,523	317,593

Disregarding the fractions, the statistics of British and French practice afford 94 per cent each for presentations of the vertex; German practice, 97 per cent; and American, 93 per cent.

* "Boston Medical and Surgical Journal" for Feb. 16, 1848, vol. xxxviii. No. 3.

Table IX. — *Presentation of the Face.*

In the 1,768 cases of labor, there were two cases of presentation of the face, of which the following is an analysis : —

Mother.						Child.		
No. of Case.	Age when married.	Age when delivered.	No. of Pregnancy.	Duration of Gestation.	Duration of Labor.	Sex.	Weight.	Alive or dead.
1	22	23	1	9 months.	12 hours.	F.	7½ lbs.	A.
2	25	31	3	9 „	26 „	F.	6¾ „	A.

The first case was terminated, as will be seen by the table, in 12 hours after the commencement of labor, — the labor being more than ordinarily painful. I was quite undecided, for some time, in making out the presentation ; the irregularities of the presenting part, and its hardness to the touch, keeping me in doubt. The face was quite livid, and did not recover its natural color for some days after delivery. The unusual dark color created quite a sensation, at the time, among the attendants ; and, while I was busily engaged in endeavoring to recover the child from a protracted asphyxia, it was more than once, humanely, no doubt, suggested, that it was hardly worth while to prolong my efforts. Respiration, however, was, at length, established ; and when, after a few days, the friends were admitted to the lying-in chamber, the praises bestowed upon the new-comer suffered no abatement from the knowledge of the previous eclipse.

The second case was protracted through a period of twenty-six hours, although the child weighed but $6\frac{3}{4}$ lbs. The mother had given birth to two children before, and the pelvis was of normal dimensions; but still, although the pains were strong, the progress of the labor was exceedingly slow. It should be stated, that, in this case, the liquor amnii was early evacuated; and that that fact, without doubt, contributed to the lengthened labor. There was much less lividity of the face in this case than in the first, and the child did not suffer from asphyxia. In both cases, the occiput was to the sacrum. With the exception of a retention of the urine for a day or two, requiring the use of the catheter, in the latter case, both mothers did well.

TABLE X. — *Frequency of Presentations of the Face.*

AMERICAN PRACTICE.			RESUMÉ.		
Authors.	Whole No. Cases.	Face.	Countries.	Whole Number Cases.	Face.
Dr. Burwell	547	1	England	41,719	143
Dr Potter	247	0	France	47,402	172
Dr. Van Bibber . . .	4,135	6	Germany	40,368	309
Dr. Storer	440	0	United States . . .	8,485	15
Bellevue Hospital, N.Y.	1,348	6			
Dr. Metcalf	1,768	2			
Aggregates	8,485	15	Total	137,974	639

By an inspection of the table, it will be noticed that there is a great difference in the ratios of this presentation in the different countries. In England, presentation of the face occurs once in every 291 cases; in France, once in every 275; in Germany, once in

every 130; while, in the United States, it occurs only once in every 565 cases. Why such wide differences should be found, would be a matter of curious rather than profitable inquiry. It may be objected to the small ratio observed in the United States, that the whole number of cases are too few to expect a truthful comparison with the much larger number observed in Europe. Let it be so decided; and still the fact, that the foreign statistics exhibit such wide discrepancies of ratio between themselves, remains to be accounted for.

TABLE XI. — *Presentations of the Face to the Pubis.*

In the whole number of presentations recorded (1,768), there were 10 cases with the face to the pubis. The facts connected with these cases are collated as follows; viz., —

MOTHER.						CHILD.		
No. of Case.	Age when married.	Age when delivered.	No. of Pregnancy.	Duration of Gestation.	Duration of Labor.	Sex.	Weight.	Alive or dead.
1	20	24	2	9 months.	19 hours.	F.	7 lbs.	A.
2	17	18	1	9 ,,	40 ,,	F.	9¼ ,,	A.
3	22	28	4	9 ,,	24 ,,	M.	6¾ ,,	A.
4	19	21	2	9 ,,	38 ,,	F.	6½ ,,	A.
5	17	18	1	9 ,,	36 ,,	F.	8 ,,	D.
6	20	30	4	8 ,,	48 ,,	M.	8¼ ,,	A.
7	23	25	1	8 ,,	30 ,,	F.	6¾ ,,	A.
8	21	26	3	8 ,,	36 ,,	F.	7 ,,	A.
9	17	18	1	7 ,,	32 ,,	F.	5½ ,,	D.
10	25	27	1	9 ,,	39 ,,	M.	8 ,,	A.

Case 2. — The child was born after a tedious labor of 40 hours, and weighed 9¼ lbs. It was a first preg-

nancy, and the pelvis rather below the ordinary measurement; the promontory of the sacrum projecting more than usual towards the pubis. The bony passage having been accomplished, the external structures gave no unusual resistance, and the labor was soon thereafterwards completed. The sutures of the child's head were found to be nearly united; and hence, in part, the prolonged resistance to the passage through the superior strait. The patient, for the last six hours preceding the close of labor, suffered severely, and was much exhausted at the completion of the process. The child was still at first, but soon recovered from the partial asphyxia. The mother was troubled for some days with inertia of the bladder, calling for the use of the catheter. This was the most protracted case occurring among those with the presentation of the face to the pubis.

Case 3. — This was the last-born of twins, and the interval was 15 minutes. The first-born presented with the vertex. Another fact noted was, that there were two placentæ, and that each of the umbilical cords was 39 inches in length.

Case 5. — This occurred in a primipara, and the delivery was completed after a labor of 36 hours. A fact was noticed in this case, which, in my experience, has been rarely met with. The head, from the time it passed the superior strait, made a continuous progress until it was finally expelled. The mother made no voluntary efforts, nor did she complain of pain during its passage or expulsion. The time occupied must have been two or three minutes. This pheno-

menon is explained by supposing that the uterus was affected by a tonic rather than the ordinary clonic contraction of labor. The child was still-born.

Case 7. — In this case, the duration of labor was 30 hours. Nothing unusual was noticed during its progress, except a very extraordinary activity of the kidneys, occurring simultaneously with an extraordinary inactivity of the urinary bladder. The catheter was introduced four times in the space of ten hours, and an ordinary-sized urinal was nearly or quite half filled at each operation.

Case 9. — This was a miscarriage at the seventh month, induced by an intentional rupture of the membranes. The early evacuation of the waters, and it being a first labor, although the child weighed but $5\frac{1}{2}$ lbs., aided in the production of a protracted and painful labor of 32 hours. Soon after the head had emerged from the superior strait, and the perineal tumor had become fully developed, inertia of the uterus supervened, and the labor was finished by a dose of ergot. The child had been for some time dead.

The mean duration of labor, in the 10 cases of the table, was 34 hours and a fraction. Of the whole number, 5 were primiparæ. Of the children, 7 were females, and 3 were males. The average weight of the children was $7\frac{2}{7}$ lbs. One was born at 7 months, and 9 at the full time. Eight were living, and two were dead.

This presentation, as well as that of the face, seldom requires the interference of art, and will generally do well if the mother and the accoucheur have patience

enough to wait for the natural efforts. In regard to the results to mother and child in these presentations, and the mode of delivery, a sufficient number of observations have not been preserved to warrant any decided opinion. Dr. Churchill tells us, in face presentations, out of 344 cases, 248 were delivered by the natural efforts, and 77 by artificial aid. Of the 77 cases requiring assistance, 42 were delivered by version, 20 by the aid of forceps, and 15 by craniotomy. In 150 cases, where the result to the mother was noted, 3, or one in 50, died. In 216 cases, where the result to the child was given, 14 were lost and 15 destroyed; furnishing a ratio of mortality of one in 7.

Up to the time of Portal, these presentations were seldom trusted to the unaided efforts of nature. In 1793, Boer taught, that, simply on account of presentation, these cases needed no artificial aid; and, at the present time, this opinion is regarded as the established rule of the profession.

TABLE XII. — *Frequency of Face to the Pubis Presentations.*

AMERICAN PRACTICE.			RESUMÉ.		
Authors.	Whole No. Cases.	Face to Pubis.	Countries.	Whole Number Cases.	Face to Pubis.
Dr. Burwell	547	2	England	23,050	72
Dr. Potter	247	5	United States . .	8,485	18
Dr. Storer	440	1			
Dr. Van Bibber . . .	4,135	0			
Bellevue Hospital, N.Y.	1,348	0			
Dr. Metcalf	1,768	10			
Aggregates	8,485	18	Total	31,535	90

It seems that less notice has been taken of the presentation now under consideration than of most others, as I find comparatively but few observations recorded concerning it. Hence the scanty materials for the construction of the foregoing table; and hence its results cannot be considered as reliable as if they were supported by a stronger array of facts. The result, as to the frequency of the presentation in British practice, furnishes one case for every 320; in American practice, one in every 530 cases.

Table XIII. — *Shoulder Presentation.*

The 1,768 cases furnish but a single case of presentation of the shoulder, and which is recorded as follows: —

Mother.						Child.		
No. of Case.	Age when married.	Age when delivered.	No. of Pregnancy.	Duration of Gestation.	Duration of Labor.	Sex.	Weight.	Alive or dead.
1	20	24	3	9 months.	15 hours.	F.	7½ lbs.	D.

Most books on midwifery, in treating of presentations of the shoulder and arm, advise us, unless the child be very small at the full time, or it be a premature labor, or the pelvis of the mother be of larger measurement than usual, that we have nothing to do for the accomplishment of delivery but to turn the child, or resort to the unpleasant expedient of mutilation.

Before giving the details of the case under consideration, I propose to furnish a brief abstract of the views of various authors upon the management of shoulder presentations.

Celsus directs, "When the child presents in a transverse posture, the remedy is to cut off the neck, that the parts may be extracted separately."

Heister, who would have almost every child that does not present with the vertex delivered by version, tells us "to lessen the body, and then accomplish the delivery by the blunt hook of his own contrivance, — the *tire tête* of Mauriceau, or a large nail bent in the form of a hook, to which a ligament is fastened, as recommended and used by Hoorn."

Peter Shaw, in his "Practice of Physic," published in 1728, recommends mutilation, and delivery by the blunt hook. But if the head be left behind, as sometimes happens, he tells us "it may be prudently cut into several portions with an incision-knife, and will then come away with ease."

Smellie gives the following advice: "When the shoulder presents, and the arm lies double in the vagina, we must push them both up; but if this cannot be done, and the hand is prevented from passing along, we must bring down the arm, and hold it up with one hand while the other is introduced; then let go, and push up the shoulder; and, as the child is turned and the feet are brought down, the arm will, for the most part, return into the uterus."

Denman advises "to pull the body lower down by the arm, and the difficulty will be lessened or removed.

There is," he adds, "happily, no necessity for turning the child in these circumstances; for it will be born by the effect of the powers of nature only. In such cases, the child does not come double; but the breech is the part first delivered, and the head the last, — the body turning upon its own axis." It was upon four cases occurring in his own practice, and the history of several others, gleaned from different sources, that Dr. Denman founded his hypothesis of the spontaneous evolution of the fœtus. Down to 1811, the theory of Denman found no one to question its truth. In that year, Dr. Douglass, a distinguished obstetrician of Dublin, published an essay, in which he proves that the arm and shoulder do not recede, but that the remainder of the body is pressed down, by degrees, until it is expelled thus doubled up; and the case is to be terminated as a breech or foot presentation.

Dr. Hamilton says, "The shoulder and arm should be reduced, if possible, and the head brought down into the pelvis; and, failing in this, we are to introduce the hand into the uterus, turn, and deliver by the feet."

Baudelocque, speaking of the presentation under consideration, only gives us minute rules in regard to the operation of turning.

Velpeau, after giving particular and multitudinous directions for the use of the fingers, not forgetting the use of the thumbs; advising the use of the right hand in this, and the left hand in that, position; telling us to be careful about the pronation or supination of the hand, when searching for the feet, &c., — sums up as follows:

"By not losing sight of the rule, that the thumb should always correspond to the sternal surface, the fingers to the dorsal surface, and the cubital edge of the hand to the child's head; by remembering that, previously to going in search of the child's feet, the head ought to be moved as near as possible to the left iliac fossa,—the practitioner will be aware of every thing that is essential to know concerning the manœuvre of turning." The young obstetrician, however, will feel no inconsiderable relief, when he meets with his first case of shoulder presentation, to find that our author, further on, kindly informs him, that these rules are not like the laws of the Medes and Persians, but that, in any position of the shoulder whatever, he may arrive at the feet directly, and with almost equal facility, with either hand.

Churchill advises, that, "in a majority of cases, with such a position of the child (presentation of the shoulder), labor may be considered as impracticable, unless assisted by art; and yet, even with such an untoward position, the natural powers have occasionally succeeded in expelling the child."

Ramsbotham says, "We cannot reasonably expect this double expulsion to occur, unless the patient possess a larger pelvis than ordinary, or unless the fœtus be preternaturally small or premature; nor, indeed, except under a long continuance of powerful and expulsive pains. Failing in the accomplishment of version, and the child being dead, evisceration is to be effected; and, if the pains cease, delivery completed by fixing the crotchet upon the inside of the fœtal

ilium, and drawing down the breech. The child may also be decapitated, — the body delivered by the arm, and the head by the blunt hook or crotchet, afterwards."

Chailly counsels us, that, "failing to turn, and the child being dead, the neck is to be divided, and the two parts delivered separately."

Closing further citation of authorities upon the subject, I will now detail the case to which the foregoing quotations have served as preface.

Aug. 15, 1855, I was called, at five, A.M., to visit D. C., in labor with her third child. On my arrival, I found the membranes had given way two hours before, and that a great flow of water had immediately followed their disruption. The pains were not now strong, nor had they been before my arrival, and occurred only at long intervals. There was some hemorrhage, but not in sufficient quantity to excite alarm. The os uteri was high up, not dilated larger than a ten-cent piece, and no presenting part could be felt. Directed 40 drops of laudanum, and the patient to be kept quietly in bed, while I should be, for an hour or two, necessarily absent.

On my return, at eight, A.M., I found the pains occurring rather more frequently, but still not strong. There had been some increase of the hemorrhage while I had been absent. After a careful examination, the os uteri being, as yet, but little dilated, I found the attachment of the placenta extending to the posterior edge of the mouth of the womb. Soon after this examination, the pains became more frequent and

much stronger, and there was a corresponding increase of the hemorrhage. Believing the hemorrhage would not be controlled by a further prescription of opium, I passed my finger between the placenta and the walls of the uterus, separating it as far as I could reach. The separation was either wholly accomplished, or the presenting part came down and strongly compressed the placenta, as, in a short time, all hemorrhage ceased. For another hour the pains grew stronger, the presenting part came lower down; and, to my sorrow, I found the right shoulder passing through the superior strait, with the back of the child to the left sacro iliac synchondrosis.

Although the waters had been drained off for some hours, finding the parts readily dilatable, and the pains not very strong, I judged proper to make an attempt at version. The patient was brought under the influence of chloroform; but, with all the effort I deemed prudent to employ, the hand could not be passed into the uterus. The organ was found closely embracing the child; and my attempts only excited it to strong and powerful contractions. The fingers could now be readily passed into the axilla, and about the neck. During the attempt at version, I found there was no disposition in the arm to come down by itself; and, as further aid in that direction was abandoned, the patient was left to recover from the anæsthesia. The peculiar effects of the chloroform soon disappeared; and, in a short time, the pains grew much stronger and more frequent. With one finger in the axilla, and another about the neck, traction was made; and, with

every pain, I found the child came lower down. Efforts during the pains, and they had now become very strong and striving, were continued to be made; and, in forty-five minutes, the delivery was effected, — the shoulder being the part first delivered. The head was bent forward upon the body, the left cheek lying upon and pressing the umbilicus. In this position, the head, following the shoulder, emerged from under the arch of the pubis; and thus the child was truly born doubled upon itself. The child was a female, and weighed seven and a half pounds without clothing. The pelvis of the mother was not ascertained to be of unusually large dimensions, or the sutures of the child's head more open than common. I had attended her in two former labors, and do not remember that any circumstances connected with them led me to think her pelvis to be of larger measurement than the average.

I am aware that cases like the present are not of any great practical value, except so far as they may induce us to rely for a longer period upon the efforts of nature, and to put off, when version cannot be effected, to the last reasonable moment of delay, the unpleasant resort to mutilation and instrumental delivery. But, while I would wait a reasonable time, I would caution the young practitioner in midwifery against any delusive hope of succor he may entertain in the spontaneous evolution of Denman; and although, once in a while, he may meet with a case, "rari nantes in gurgite vasto," like the one here related, in which the labor may be terminated safely to the mother,

without instrumental aid; still, as it is his duty, if possible, to save both mother and child, I would advise him, in a case of shoulder presentation, to turn, and deliver at the earliest practicable opportunity. If he arrives before the rupture of the membranes and the loss of the liquor amnii, and the parts are well dilated or readily dilatable, being satisfied of the character of the presentation, the sooner he interferes and completes the delivery, the safer and easier it will be for the mother, and with a much better, if not the only, chance of preserving the life of the child. Unless the critical condition of the mother imperiously demands the sacrifice, we should always remember that the child's life is not to be compromised. Thoughts of quiet slumbers at home, no matter how much our physical wants may require them, or the impatient desire to arrive at the termination of a protracted and perplexing labor, must never be allowed to lead captive the convictions of our better judgment.

Table XIV. — *Presentation of the Arm.*

The following is a general analysis of the *only case* of arm presentation which has occurred in my experience: —

Mother.						Child.		
No. of Case.	Age when married.	Age when delivered.	No. of Pregnancy.	Duration of Gestation.	Duration of Labor.	Sex.	Weight.	Alive or dead.
1	17	19	1	9 months.	6 hours.	F.	6 lbs.	A.

Further particulars are as follows: July 19, 1849, I was called to A. N., in labor with her first child. On my arrival, I learned that she had been in labor five hours, and that the pains were regular, and quite severe. The pains growing more frequent, an examination was proposed, and readily consented to. On reaching the vulva, from the quantity of fluid found issuing from the os externum, I supposed the woman was flowing; but it was found to be only an immoderate secretion of the proper fluid of the vagina. Continuing the examination, I soon ascertained, through the membranes, which considerably protruded through the os uteri, that the presenting part was furnished with fingers, and *not* toes. There could be no mistake: there was the flattened wrist, the antagonistical thumb, the fingers of different lengths, and no other part within reach. I had a presentation of the hand, and which, I supposed, would soon be converted into one of the arm also. The os internum was well dilated and dilatable, and the vagina filled with the extraordinary secretion, which, at first, I had mistaken for hemorrhage. The pains were growing every minute stronger and more frequent, and I was in momentary expectation of a rupture of the membranes. Of the presentation, I could not doubt; and, fearing the loss of the waters at every pain, I made up my mind to wait no longer, but to proceed to the delivery at once. Without any difficulty, the hand was passed into the vagina, and at the very opportune moment, as the membranes gave way at the next pain. The hand was now passed along quickly, bringing the

arm into the os externum, and thus preserving a portion of the waters. The mouth of the uterus offered but small resistance to the passage of the hand. A foot was soon found, and version slowly but readily accomplished. There was no prolapse of the funis as the foot was brought down into the vagina; and in 20 minutes from the introduction of the hand, and with very moderate traction, the patient was safely delivered of a small but healthy female child. No one, but they who have met with cases like the one under consideration, can fully appreciate the thankfulness I felt at the happy termination of a labor that might have become one of the most dangerous and embarrassing in the whole circle of obstetrical experience.

The practice which formerly obtained before version was substituted, or in cases where that operation could not be performed, when the arm came down, of amputating it at the shoulder-joint, has justly fallen into deserved disrepute. If it furnished any aid in the delivery of the remainder of the body, there might be some excuse for the barbarity of the practice; but inasmuch as it does not, and as there is more than one case on record, where, after such mutilation, children have survived and grown up to manhood, I think there will be little danger of its revival. The cases reported by Chapman and Chamberlen, and the more recent one at Chenu, in France, in which both arms were removed, reported in the London "Lancet" for April, 1829, should satisfy any one on this point. Especially should he be satisfied, unless the death of the child be fully ascertained.

TABLE XV. — *Frequency of Presentations of the Superior Extremities.*

AMERICAN PRACTICE.			RESUME'.		
Authors.	Whole No. Cases.	Sup. Ex.	Countries.	Whole Number Cases.	Sup. Ex.
Dr. Burwell	547	2	England	50,104	180
Dr. Potter	240	0	France	36,660	152
Dr. Van Bibber . . .	4,135	17	United States . .	8,478	22
Dr. Storer	440	1			
Bellevue Hospital, N.Y.	1,348	0			
Dr. Metcalf	1,768	2			
Aggregates	8,478	22	Total	95,242	354

The statistics for the different countries furnish a ratio in British practice, for presentations of the superior extremities, of one case in every 278; in French practice, a ratio of one in every 241; and, in American, of one in every 385 cases. The whole number of cases included in the table are 95,242; furnishing a ratio of one in every 269 cases. In the statistics of American practice, the presentations of Dr. Burwell are both of the shoulder; of Dr. Van Bibber, fourteen of the arm, and 3 of the shoulder; of Dr. Storer, one of the arm, complicated with a prolapse of the funis; and of Dr. Metcalf, one of the arm, and one of the shoulder.

TABLE XVI. — *Mortality and Mode of Delivery in Presentations of the Superior Extremities.*

AMERICAN PRACTICE.						RESUME'.					
Authors.	Whole No. Cases.	Mothers lost.	Children lost.	Mode.		Countries.	Whole No. Cases.	Mothers lost.	Children lost.	Mode.	
				Version.	Crotchet.					Version.	Crotchet.
Dr. Storer	1	0	1	1		England	240	24	125	86	11
Dr. Van Bibber . .	12	4				United States . . .	15	4	2	2	
Dr. Metcalf	2	0	1	1							
Aggregates	15	4	2	2		Total	255	28	127	88	11

In this table, where no figures are placed, we are to understand that no record was intended to be made by the observer. In 212 cases, where the result to both mother and child was noted, 24 mothers were lost, and 116 children. In 31 cases, where the result to the child only was noted, 11 were lost. In 12 cases, where the result only to the mother was noted, 4 were lost. This table loses much of its value by the imperfections of the original records; as, in many instances, important questions remain unanswered. Thus, Mr. Giffard tells us, in his 24 cases, version was performed 21 times; but he does not tell us how many children that were so delivered were alive. Dr. Ramsbotham delivered 12 by version, and 11 by the crotchet; but we learn nothing of the ratio of mortality for these operations. Dr. Merriman informs us that he had met with 19 presentations of the superior extremities; and all we know about them is, that 2 children were lost.

TABLE XVII. — *Presentation of the Breech.*

In the 1,768 cases, where the presentation was noted, presentation of the breech occurred in 18 instances, as follows; viz., —

MOTHER.						CHILD.		
No. of Case.	Age when married.	Age when delivered.	No. of Pregnancy.	Duration of Gestation.	Duration of Labor.	Sex.	Weight.	Alive or dead.
1	20	27	4	9 months	10 hours.	F.	$10\frac{3}{4}$ lbs.	D.
2	26	29	1	9 ,,	12 ,,	M.	6 ,,	A.
3	18	40	11	9 ,,	6 ,,	F.	$9\frac{1}{4}$,,	A.
4	23	35	4	9 ,,	12 ,,	F.	8 ,,	A.
5	21	26	3	9 ,,	17 ,,	F.	7 ,,	D.
6	17	30	5	9 ,,	15 ,,	M	$8\frac{1}{2}$,,	A.
7	23	29	2	9 ,,	50 ,,	F.	7 ,,	A.
8	20	21	1	9 ,,	24 ,,	F.	$6\frac{1}{2}$,,	A.
9	30	33	1	9 ,,	12 ,,	M.	$7\frac{3}{4}$,,	A.
10	21	24	1	7 ,,	6 ,,	F.	4 ,,	D.
11	19	26	3	9 ,,	30 ,,	F.	8 ,,	A.
12	24	26	1	9 ,,	36 ,,	M.	$7\frac{1}{2}$,,	A.
13	31	34	2	9 ,,	18 ,,	M.	$7\frac{1}{2}$,,	A.
14	16	19	2	9 ,,	18 ,,	M.	6 ,,	A.
15	23	24	1	9 ,,	27 ,,	F.	8 ,,	A.
16	20	34	4	9 ,,	36 ,,	M.	9 ,,	A.
17	24	30	4	9 ,,	28 ,,	M.	9 ,,	A.
18	19	21	2	9 ,,	13 ,,	F.	$6\frac{1}{2}$,,	A.

In the 18 cases contained in this table, instrumental aid was not resorted to in a single case, though perhaps it might have been of service in the first one. Cases 1, 5, and 10 were still-born. Case 1 was lost during delivery. Cases 5 and 10 had been for some time dead before delivery. I do not forget, even at this late day, after a lapse of almost thirty years, the fears with which I encountered the delivery of the head in my first case of presentation of the breech. The labor went on well enough for a while. The feet had dropped from the vulva; the arms, one by one, were then swept across the breast, and readily brought

down; and here I came to a full period, — long enough to count four a great many times. The umbilical arteries were pulsating, however, quite strongly; and every moment I hoped that the pains, although they were lessened in force and frequency, and the efforts at extraction I was essaying, would accomplish the delivery. I did not forget the depression of the lower jaw, or the raising of the body, as I had learned from the books and the lecture-room, and practised on the manikin; but all to no purpose, — the child would not be born. The pulsations in the cord were becoming less strong; and certain spasmodic contractions in the child notified me that something must be done, and done quickly. I made stronger efforts at traction, — at least I thought I did, — but with no better success than before. The child, I was well aware, would soon be past recovery, unless relieved from its present uncomfortable position. "But what of that?" I fear I mentally argued. "Having a child born with its neck dislocated, or its head torn off by the doctor, would be simply choosing the most unpleasant horn of the dilemma." The result was, the child was born dead, and, as I have since learned to believe, was made a sacrifice to the prudential reasons which governed me in conducting the delivery. I had underrated the strength of muscle and ligament that bind the different parts of the fetal body together; and soon learned, that in ordinary cases, with proper management, the child's head could be extracted without danger of decapitation. There is a limit, of course, to the degree of force that may be safely used in all the manipula-

tions of midwifery; but the young obstetrician will be astonished to what extent it may be exercised without injury to the child. In all cases of breech presentation, and particularly those where the child is still alive, I would utter a word of caution against any attempt at traction while the presenting part is engaged in the vagina, or is passing through the external organs; as, the more slowly it advances, the more the parts are dilated, and a better chance is afforded for the delivery of the head before the supervention of a fatal asphyxia. If the child progresses at all, it is enough; and any interference in such cases is always, I believe, productive of more harm than good. An overweening ambition to be thought skilful, in cases that require to be let simply alone, however such a course of conduct may aid in building up the character of an accoucheur among the unintelligent, will, as it should, always be regarded by the truly learned as a device of the charlatan.

TABLE XVIII. — *Frequency of Breech Presentations.*

AMERICAN PRACTICE.			RESUMÉ.		
Authors.	Whole No. Cases.	Breech.	Countries.	Whole Number Cases.	Breech.
Dr. Burwell	547	17	England	47,367	677
Dr. Potter	247	3	France	48,134	1,125
Dr. Van Bibber . . .	4,135	60	Germany	26,982	535
Dr. Storer	425	5	United States . . .	8,470	130
Bellevue Hospital, N.Y.	1,348	27			
Dr. Metcalf	1,768	18			
Aggregates	8,470	130	Total	130,953	2,467

By this table, we find, that, for England, the ratio of breech presentations to the whole number of cases is one in 69; in France, one in 42; in Germany, one in 50; and in the United States, one in 65. The ratio for the whole number of cases (130,953) is one in 53.

TABLE XIX. — *Mortality, in Breech Presentations, to the Children.*

AMERICAN PRACTICE.			RESUME'.		
Authors.	Whole No. Cases.	Children lost.	Countries.	Whole No. Cases.	Children lost.
Dr. Potter	3	0	England	598	197
Dr. Storer	5	0	United States	70	14
Dr. Van Bibber . . .	44	11			
Dr. Metcalf	18	3			
Aggregates	70	14	Total	668	211

The results of the table furnish a ratio of mortality, for England, of one in 3; for the United States, of one in 5. The ratio for the whole number (668) is one in 3.1. The few cases which have been put on record in the United States show that a much smaller ratio of mortality to the children, in breech presentations, obtains in this country than in Europe. Why 33 per cent of all the children who are born with a breech presentation in England should be dead at birth, and only 20 per cent in the United States, is a question, for the solution of which sufficient elements have not, as yet, been collected. It must be borne in mind, that almost all the English cases occurred in large lying-in hospitals, and that almost all the cases in this country

were found among the records of private practice. Now, an answer to the question, whether, being an interne of the Maison d'Accouchement at Paris, or a house pupil at the Dublin Lying-in Hospital (where cases of breech presentation must be a matter of familiar occurrence), I should be more likely to precipitate the labor by traction upon the presenting part, than I should in the very few cases to be met with in the meagre practice in a country town in Massachusetts, may perhaps be coerced into an element in the settlement of this question of mortality. By this suggestion, however, I would not, by any means, be thought to claim a superior humanity for American practice; because I cannot say that I might not come to believe, that a more dexterous manipulation, which a larger experience would educate, might not be supposed to more than compensate for the dangers attending a rapid delivery of the breech.

TABLE XX. — *Presentation of the Knees.*

Among the whole number of cases (1,768), presentation of the knees has occurred in three instances, and of which a general analysis is given, as follows; viz., —

MOTHER.						CHILD.		
No. of Case.	Age when married.	Age when delivered.	No. of Pregnancy.	Duration of Gestation.	Duration of Labor.	Sex.	Weight.	Alive or dead.
1	21	22	1	6 months.	18 hours.	M.	3½ lbs.	A.
2	17	19	1	9 ,,	40 ,,	M.	8 ,,	A.
3	27	30	2	9 ,,	34 ,,	M.	7¼ ,,	A.

Case 1 occurred in a healthy primipara, at or near the sixth month of utero-gestation, and was supposed to be the result of a fright at seeing a carriage overturned containing a lady and child. Labor came on in 6 hours after witnessing the accident, and was attended with a considerable, though not profuse, hemorrhage. The labor continued 18 hours, the early part of which, while the dilatation of the os uteri was going on, was more than ordinarily painful. The child was a male, and weighed 3½ lbs. It lived for 8 hours, uttered an occasional feeble cry, passed meconium, and urinated. The skin was intensely injected, and, soon after death, became of a color nearly resembling mahogany. The other two cases were delivered at the full time, and after protracted labors, — one of 40 hours, and the other of 34 hours. All the children were males, and none were lost.

TABLE XXI. — *Presentation of the Knee and Foot.*

The 1,768 cases furnished but a single case of this presentation, as follows: —

Mother.						Child.		
No. of Case.	Age when married.	Age when delivered.	No. of Pregnancy.	Duration of Gestation.	Duration of Labor.	Sex.	Weight.	Alive or dead.
1	19	21	1	9 months.	12 hours.	M.	8 lbs.	A.

The only circumstance worthy of note in this case is, that, although the presentation was clearly made out to be that of a foot and a knee, still the birth was accomplished with the leg and the thigh, which had

presented with the knee, flexed upon the abdomen. At the time of the examination, the bag of waters protruded some way into the vagina, and a foot and knee were clearly made out. Of the foot there could be no doubt, as the rupture of the membranes, and the continuous progress of the presenting part until the accomplishment of delivery, settled that point. That the knee also presented, I think I cannot be mistaken, as it could not be confounded with any other part of the child, that, by possibility, could be found in juxtaposition with a foot at that stage of labor, or, at least, which could not readily be distinguished from it. At or before the rupture of the membranes, the limb must have accomplished a spontaneous evolution upon the hip-joint, and thus converted the complication into a simple case of a footling.

TABLE XXII. — *Presentation of the Feet.*

Among the 1,768 presentations, presentation of the feet was noted in 12 instances, as follows; viz., —

Mother.						Child.		
No. of Case.	Age when married.	Age when delivered.	No. of Pregnancy.	Duration of Gestation.	Duration of Labor.	Sex.	Weight.	Alive or dead.
1	14	35	12	9 months.	70 hours.	M.	6 lbs.	D. p.
2	19	24	2	9 ,,	7 ,,	M.	7 ,,	A.
3	21	22	1	9 ,,	17 ,,	F.	3 ,,	D.
4	36	37	1	5 ,,	5 ,,	M.	1 ,,	D.
5	22	27	2	9 ,,	36 ,,	F.	7 ,,	A.
6	28	33	3	9 ,,	10 ,,	M.	$7\frac{3}{4}$,,	A.
7	23	27	2	9 ,,	36 ,,	F.	$6\frac{3}{4}$,,	A.
8	19	21	1	9 ,,	12 ,,	M.	7 ,,	D.
9	18	24	3	9 ,,	24 ,,	F.	8 ,,	A.
10	21	30	5	9 ,,	36 ,,	M.	$8\frac{1}{4}$,,	D.
11	16	19	2	9 ,,	18 ,,	M.	$7\frac{3}{4}$,,	A.
12	20	27	4	9 ,,	30 ,,	M.	$7\frac{1}{4}$,,	A.

Of the 12 cases included in the table, the child was dead at birth in five instances. One was an abortion, at 5 months; one was dead and putrid; and 3 were lost during labor. In one of these, I was only called after a midwife had exhausted her skill, and then only to deliver the head; the other two resisted all my efforts at delivery in season to save the children. Eight were males, and 4 were females. The mothers all recovered without any unusual occurrence, except in a single instance. In case 8, inflammation of the labia externa, followed by suppuration, supervened to the delivery, and the mother recovered after a protracted convalescence. Of the 12 cases, 9 presented with both feet, and 3 with one foot, the right foot presenting in each case. Of the 5 dead at birth, all but one presented with both feet, and that was the case of abortion. Of the dead, 4 out of 5 were males.

TABLE XXIII. — *Frequency of Presentation of the Inferior Extremities.*

American Practice.			Resume'.		
Authors.	Whole No. Cases.	Inferior Extrem.	Countries.	Whole Number Cases.	Inferior Extrem.
Dr. Burwell	547	9	England	43,729	535
Dr. Potter	247	9	France	36,670	492
Dr. Van Bibber . . .	4,135	20	Germany	24,607	203
Dr. Storer	440	2	United States . . .	8,485	72
Bellevue Hospital, N.Y.	1,348	20			
Dr. Metcalf	1,768	12			
Aggregates	8,485	72	Total	113,491	1,302

In this table are included all presentations of the inferior extremities, whether both feet or one, or the knee. In England, the ratio to the whole number of cases is one in every 82; in France, one in 75; in Germany, one in 121; and in the United States, one in 118. The ratio for the whole number of cases (113,491) is one in 87.

TABLE XXIV. — *Mortality, of Presentation of the Inferior Extremities, to the Children.*

American Practice.			Resume'.		
Authors.	Whole No. Cases.	Children lost.	Countries.	Whole No. Cases.	Children lost.
Dr. Potter	2	1	England	537	205
Dr. Storer	2	2	United States	31	10
Dr. Van Bibber . . .	11	2			
Dr. Metcalf	16	5			
Aggregates	31	10	Total	568	215

The results of the table are, for British practice, a ratio of mortality of one in 2.6; and for American, one in 3.1. For the whole number of cases (568), the ratio is one in 2.6. In presentations of the inferior extremities and of the breech, the labor in both cases is reduced to the same category; that is, the head of the child is the part last delivered. In presentations of the feet, 38 per cent of the children are lost; while, in presentations of the breech, but 31 per cent are lost; making a difference of 7 per cent in favor of the safety of breech presentations over those of the infe-

rior extremities. Again: in the cases of presentation of the inferior extremities occurring in my own practice, of the 5 children lost, 4 were presentations with both feet, and only one with one foot, and that an abortion. These facts furnish an opportunity of again addressing a word of caution to the young obstetrician, against bringing down *both feet* in cases of version, or *hastening the delivery of the breech*, when that, or both, or either, of the inferior extremities, are the presenting parts. Many writers upon midwifery, I know, enforce this injunction, for the reason that it saves the mother from unnecessary pain in cases of version. Dr. Radford, of Manchester (England), agrees with this recommendation, but for a very different reason, and which he sets forth as follows: "The results of practice," he says, "prove, what might be inferred by reasoning, that *the child's life is much more frequently preserved in those cases in which it presents the breech, than where the feet come down first.* Is there, then, no practice which would enable us," he continues, "to bring down a part approximating in its measurements to those of the breech presentation, which we have already stated to be so safe for the child, but which cannot be effected in turning operations? There is; and this practice consists in NEVER *bringing down more than* ONE FOOT in the manual operation of turning a child."

The following measurements, from Dr. Churchill, were obtained from children born at the full period of utero-gestation: —

The circumference of that portion of the head which presents in labor is from	12 to 13¼ in.
The circumference of the breech, with the thighs flexed upon the abdomen, as in breech presentations, from	12 to 13½ „
The circumference of the breech, with one thigh turned upwards towards the abdomen, the other extended, from	11 to 12½ „
The circumference of the hips, the legs extended as in feet presentation, from	10 to 11½ „

There may be complications, such as hemorrhage or convulsions, attending the labor, requiring the speedy extraction of the child; but these are to be regarded as the exceptions, and not the rule.

The late Dr. Thurber, of Mendon, one of the patriarchs in our profession, — if half a century of successful practice can achieve a title to that appellation of respect, — frequently made the remark, that what skill in midwifery the public gave him credit for (and they yielded none which he did not truly merit) was to be attributed, in the main, to his practice of "non-intervention" in cases not absolutely requiring manual or instrumental assistance. Meddlesome midwifery found no favor in the eyes of the good doctor; nor did the entreaties of the patient or her friends, or his own convenience, coerce his interference, when he believed the case would be terminated safely by the unaided efforts of nature.

Table XXV. — *Presentations of the Funis.*

Presentation of the funis, in the 1,768 cases, is noted in 6 instances, as follows; viz., —

Mother.						Child.		
No. of Case.	Age when married.	Age when delivered.	No. of Pregnancy.	Duration of Gestation.	Duration of Labor.	Sex.	Weight.	Alive or dead.
1	17	39	14	9 months.	36 hours.	M.	11½ lbs.	D.
2	20	30	4	8 ,,	48 ,,	M.	8¼ ,,	D.
3	18	31	6	9 ,,	72 ,,	M.	7¼ ,,	D.
4	16	25	4	9 ,,	12 ,,	F.	6 ,,	A.
5	24	26	1	9 ,,	18 ,,	F.	7 ,,	D.
6	20	22	1	8 ,,	12 ,,	M.	7¼ ,,	D.

In the 6 cases of the table, 5 were alive at the commencement of the labor; but, on my arrival at the bedside, the cord was found pulsating only in 4. Of the 6, 5 were dead at birth. The one saved was by the favor of a roomy pelvis and a rapid delivery. The child was profoundly asphyxiated at birth, and was only recovered after unremitting exertions for more than forty minutes. Blowing in the face, the sprinkling with cold water, inflation of the lungs, and enemas of warm salt and water (by aid of the mouth and a catheter), were the means employed to excite the respiratory function. As will be seen by the table, the labor was of 12 hours' duration, and the child weighed but 6 lbs. The presentation was natural.

In this complication of labor, I have to confess the truth, that, notwithstanding the various directions which obstetrical writers have given concerning the manipulations for the reduction of a prolapsed funis, I have never, in a single instance, succeeded in accomplishing that feat of obstetrical legerdemain to any practical purpose. In spite of all my sleight of hand, bag and all, reduce it never so often, the pro-

lapsus would be sure to return with the succeeding pain.

One of the cases of miscarriage, in the 8th month, was attributed to the operation of an active cathartic, administered by a quack, for the cure of a troublesome pruritus about the anus, charged to pin-worms. The fœtus was discharged from the womb instead of the ascarides from the rectum, however, by the dose of aloes which had been prescribed for the expulsion of the latter.

TABLE XXVI. — *Frequency of Presentations of the Funis.*

AMERICAN PRACTICE.			RESUMÉ.		
Authors.	Whole No. Cases.	Funis.	Countries.	Whole Number Cases.	Funis.
Dr. Burwell	547	3	England	47,377	226
Dr. Potter	247	0	France	36,621	82
Dr. Van Bibber . . .	4,135	2	Germany	14,514	93
Dr. Storer	440	2	United States . . .	8,485	15
Bellevue Hospital, N.Y.	1,348	2			
Dr. Metcalf	1,768	6			
Aggregates	8,485	15	Total	106,997	416

The occurrence of this complication of labor, as shown by the statistics, presents itself with little regularity, as to its frequency, in different countries, or in the experience of different obstetricians in the same country. That, in England, prolapse of the umbilical cord should be met with one in 200 cases; in France, one in 446; in Germany, one in 156; and, in the United States, only one in 565 cases, — is a fact that, at present, we cannot account for. In our own country,

when further observations shall have been collected and compared, perhaps the present favorable ratio will require some modification; but, in the countries of Europe, we have no great reason to suppose that a larger show of statistics will materially affect their relative proportions.

TABLE XXVII. — *Mortality to the Children, and Mode of delivery, of Funis Presentations.*

AMERICAN PRACTICE.					RESUME'.				
Authors.	Whole No. Cases.	Children lost.	Mode.		Countries.	Whole No. Cases.	Children lost.	Mode.	
			Version.	Forceps.				Version.	Forceps.
Dr. Potter	1				England	234	166	25	2
Dr. Storer	2	2	1		France	64	16	35	26
Dr. Van Bibber . .	2	1			Germany	87	38	46	6
Dr. Metcalf	6	5			United States . . .	11	8	1	
Aggregates	11	8	1		Total	396	228	107	34

The results of this table furnish the following ratios of mortality. In England, the deaths amount to 71 per cent; in France, to 25 per cent; in Germany, to 43 per cent; while, in the United States, they run up to 83 per cent of the whole number. In 2 cases, reported, as above, by Mr. Giffard, and in 2 by Madame Lachapelle, the cord was reduced. The other case, of Dr. Storer, was delivered after the operation of craniotomy.

So far as the results of the preceding table are to be received as evidence, artificial delivery greatly

increases the chances of life to the child. Take the cases of Madame Boivin and Madame Lachapelle, with those of Voigtel and Jansen, amounting to 151. In these cases, delivery was effected in 82 instances by version, and in 32 by the forceps. It is supposed the remaining 37 were completed without artificial aid. Of the 151 cases, 54 died; thus furnishing a greatly reduced ratio of mortality, as compared with the ratio in those cases that were left to the natural efforts. In the whole number of cases (391), the mortality amounted to 57 per cent; and, in the whole number, the cord was reduced but in 4 instances. This so nearly tallies with my own experience, that I feel inclined to put in the fact as a plea in abatement to the mortification I felt at the lack of success which attended my endeavors in this direction. Of the many circumstances which have been assigned as reasons for prolapse of the funis, the most rational seems to be that of the attachment of the placenta to other portions of the uterus than the fundus, and especially when near the os; and to the implantation of the funis in or near to the edge of the placenta. This was found to be a fact in several of the cases reported by Dr. Churchill; and, in 4 out of the 6 reported by myself, the root of the umbilical cord was inserted near the edge of the placenta.

TABLE XXVIII. — *Presentation of the Placenta.*

In the 1,768 presentations noted, Placenta Prævia occurred in 4 cases, as follows; viz., —

Mother.						Child.		
No. of Case.	Age when married.	Age when delivered.	No. of Pregnancy.	Duration of Gestation.	Duration of Labor.	Sex.	Weight.	Alive or dead.
1	17	26	4	5 months.	10 hours.	F.	3½ lbs.	D.
2	23	27	2	9 ,,	36 ,,	F.	6¾ ,,	A.
3	19	21	1	9 ,,	12 ,,	M.	7 ,,	D.
4	20	24	3	9 ,,	15 ,,	F.	7½ ,,	D.

The first case, as will be seen by a reference to the table, occurred in a fourth pregnancy, and at the fifth month of utero-gestation. The patient had not gone in any pregnancy beyond the sixth month. In the present instance, she had been flowing quite profusely for some time before my arrival, and had become quite faint and exhausted. On examination, I found the vagina filled with what I supposed to be a large coagulum, but which, on being expelled, was found to be the placenta. The removal of the placenta (the umbilical cord having been ruptured) seemed to excite the uterine contractions; and, in a short time, the fœtus was delivered. No hemorrhage followed the birth of the child; but the patient was extremely exhausted, and complete syncope was only averted by the assiduous administration of diffusible stimuli, and the application of pressure, by the hand, to the abdomen. Although the patient had suffered from four consecutive abortions, the next pregnancy continued to the full time; and, at the end of fifteen months from the present accouchement, she was delivered of a healthy, robust child. When a number of abortions have taken place in pretty rapid succession, the patient seldom gives birth to a living child *soon* after-

wards. In most cases, the general health directly begins to fail; and a few repetitions of the disastrous accident very generally lay the foundation of some fatal organic lesion. In the present case, deep inroads had been made upon the general health of the patient; and, to all appearance, that anæmic condition of the system was being slowly though surely superinduced, which is so often the precursor to some mortal disease. Unexpectedly, however, some favorable change took place about this time; her general health improved; and, for some years since the birth of the living child, she has enjoyed almost uninterrupted health.

In the second case, I was called a short time before the incursion of the hemorrhage. The pains were strong and frequent; and, while endeavoring to make out the presentation, a large gush of blood revealed the untoward nature of the case with which I had to deal. Continuing the examination, I found the placenta attached to the side of the womb, coming down to the anterior edge of the os. Finding the parts readily dilatable, and the flooding continuing profuse, I proceeded at once to attempt delivery by version. The hand was gently passed by the placenta toward the posterior wall of the uterus, the membranes ruptured; and, to my great satisfaction, I immediately came in contact with a foot. Making no effort to find the other, it was slowly brought down into the vagina, and the delivery soon accomplished. The child was a female, and weighed $6\frac{3}{4}$ lbs; and to its small size, and the liberal measurements of the maternal pelvis, it was, most probably, indebted for its life.

In the third case, the os uteri was wholly occluded by the placenta. Upon the occurrence of the hemorrhage, which soon became profuse, and was increased by every pain, I did not long hesitate to make an attempt at version. To this end, the hand was passed into the vagina; and, after many gentle and repeated efforts, the os uteri was dilated, the placenta separated from the anterior edge, and the membranes found entire. They were easily ruptured; and a search commenced for the feet. They were found quite up to the fundus: one of them was grasped, the version slowly and gently completed, and the foot and leg brought down into the vagina. The pains continued strong and regular; the hemorrhage was much abated; and, in forty minutes, the patient was delivered of a still-born male child, weighing 7 lbs.

The fourth case has already been mentioned, being the case of shoulder presentation. In this case, the placenta was found at the edge of the os, and its attachments with the womb were broken up as far as the finger could reach. The hemorrhage soon ceased; but whether from a complete separation, or pressure of the presenting part, I was unable to decide.

In the three last cases, the placenta was thrown off with the last pains, before the expulsion of the child; as in neither case did any hemorrhage follow the birth. The patient, in the first case, recovered after a protracted convalescence; the others, without more than the ordinary period of delay.

In the two cases here recorded, and in the case of presentation of the arm, are to be found the only

instances in which I have performed the operation of turning. They were all favorable cases, as the parts were well dilated or readily dilatable, the membranes unbroken, and the pelvis at least not falling within the mean of normal measurement.

TABLE XXIX. — *Frequency of Placenta Prævia, and Mortality to the Mother.*

AMERICAN PRACTICE.				RESUME'.			
Authors.	Whole No. Cases.	Placenta Prævia.	Mothers lost.	Countries.	Whole No. Cases.	Placenta Prævia.	Mothers lost.
Dr. Burwell . . .	598	1		England	44616	168	46
Dr. Potter	247			Germany	14748	16	2
Dr. Van Bibber . .	4192	3	1	United States . .	8593	10	1
Dr. Storer	440	1					
Bellevue Hospital .	1348	1					
Dr. Metcalf . . .	1768	4					
Aggregates . . .	8593	10	1	Total	67957	194	49

British practice furnishes the following ratios: For frequency, one case in every 857; mortality, one in 7.2; German practice, for frequency, one in 920; mortality, one in 8; and American practice, for frequency, one in 859; mortality, one in 10.

TABLE XXX. — *Mortality to the Child in Placenta Prævia, when the Child was delivered before the artificial separation or spontaneous expulsion of the Placenta.*

For the means of constructing this table, I am chiefly indebted to "A Prize Essay: Statistics of Placenta

Prævia, by Dr. James D. Trask," published in the eighth volume of the "Transactions of the American Medical Association."

Authors.	Whole No. Cases.	Children saved.	Children lost.	Authors.	Whole No. Cases.	Children saved.	Children lost.
Dr. Trask	140	56	84	Brought up . .	263	97	166
Dr. Lever	33	18	15				
Dr. Merriman . .	89	22	67	Dr. Van Bibber . .	3	1	2
Dr. Storer	1	1		Dr. Metcalf . . .	3	1	2
Carried up . .	263	97	166	Aggregates . . .	269	99	170

Dr. Trask, in the Essay referred to above, gives an account of 277 cases of delivery, in which the child was born before the placenta was expelled or extracted. Of these, 207 mothers were saved, and 70 lost, not including 5 who died undelivered. Of the 277 deliveries, 227 were effected by artificial aid, and 50 were the result of the natural efforts. Of the 227, 164 were saved, and 63 lost; of the 50, 43 were saved, and 7 lost. These figures furnish the following ratios of mortality: For those delivered by artificial aid, one in 3.6; for the spontaneous deliveries, one in $6\frac{1}{7}$.

In 151 cases of spontaneous separation of the placenta before the birth of the child, 140 mothers were saved, and 11 lost; furnishing a ratio of mortality of one in 12.7.

In 60 cases of artificial detachment of the placenta before the birth of the child, 47 mothers were saved, and 13 were lost; furnishing a ratio of mortality of

one in 3.6, being the same ratio as obtains in those cases where the child was delivered before the placenta. But these 60 cases are shown to comprise a considerably larger proportion of severe cases than are ordinarily met with, and hence it would be unfair to compare them with those in which delivery of the child was accomplished before the delivery of the placenta; and therefore it seems to be safe to conclude, that a larger proportion of mothers would be saved after artificial detachment of the placenta, than would be were the labor allowed to proceed without it.

In almost every case of separation of the placenta, whether spontaneously or artificially effected, before the birth of the child, the hemorrhage directly ceases; and, were only the life of the mother concerned, this operation would be resorted to in all cases: but as, unless delivery very soon follows the operation, the child's life is compromised, we are directed, in those cases admitting it, by the preponderance of authorities, to accomplish the delivery without separating the placenta. In cases where delivery cannot be immediately attempted, — as, for instance, when the case is complicated by an unyielding rigidity of the os uteri, or where great prostration, from the previous hemorrhage, forbids the operation of version, — the separation should not be delayed; and it is to these two classes that this operation will most probably be confined.

I cannot close the consideration of the present subject better than by furnishing a condensed abstract of the conclusions of Dr. Trask's Essay: —

1. As there is less risk to the mother, and probably a better chance of preserving the life of the child at the full time, we should be unremitting in our endeavors to prevent abortion or miscarriage.

2. We should remember, that generally, not always, in cases where the os uteri is not fully occluded by the placenta, the hemorrhage may be controlled within limits of safety by a seasonable rupture of the membranes.

3. In cases of complete occlusion, and in partial, where the measures adopted do not control the hemorrhage, we should not forget the importance of an early delivery. We need not wait for a dilated os uteri; but we must wait for a dilatable condition of that portion of the organ, as otherwise we may inflict serious or fatal injuries by our manipulations. The period of greatest danger, in these cases, is while waiting for this dilatability of the os; and, to check the hemorrhage during this unavoidable delay, we should resort to the rupture of the membranes, the administration of ergot, ether, chloroform, &c.

4. Cases of placenta prævia, certainly while active hemorrhage continues, should not be left by the medical attendant, as dangerous and fatal flooding in the earlier stages of labor, as well as during the dilatation of the os uteri, occurs, and sometimes very suddenly; and thus, if the accoucheur be absent, the patient may lose her life by his neglect. Nor, as it seems to me, can we plead "the sacrifice of time" as a justification even for our temporary absence from the bedside, as allowed by Dr. Rigby.

5. The hemorrhage persisting, and the rigidity of the os uteri precluding artificial delivery, we are to put off the artificial separation of the placenta no longer; knowing that such procedure, although it is pretty sure to destroy the child, will be quite as sure to arrest the hemorrhage.

6. In cases where the os uteri may be dilated or dilatable, and the patient so prostrated as to render version hazardous, the placenta may be detached, and thus afford an opportunity for the patient to rally before she be delivered. When we are satisfied that the child is dead, the separation should be accomplished before the mother is prostrated by the hemorrhage.

As placenta prævia is one of the most dangerous complications met with in the practice of midwifery, I would respectfully urge the importance of preserving and publishing full reports of all the cases which may occur, so that some future statistician may be furnished with such a multitude of facts as shall give a permanent practical value to his deductions; confirming if true, invalidating if erroneous, the present received opinions upon this important subject.

TABLE XXXI. — *Analysis of Thirty Cases of Hemorrhage.*

The 1,768 cases of labor furnished 30 cases of hemorrhage, presented as follows; viz., —

No. of Case.	Hemorrhage before Labor.	Do. during Labor, and before Delivery.	Do. between Delivery of Child and do. Placenta.	Do. after Delivery of Placenta.	Presentation.	Number of Pregnancy.	Age when delivered.
1	F.				Vertex.	1	19
2		F.			,,	3	22
3		F.			Placenta.	4	26
4	F.	F.			Breech.	3	26
5	F.			F.	Vertex.	2	24
6			F.		,,	5	33
7				F.	,,	11	41
8	F.				,,	3	22
9	F.				Feet.	2	27
10			F.		,,	5	30
11		F.	F.		Vertex.	2	19
12				F.	,,	1	17
13		F.			Placenta.	2	27
14	F.			F.	,,	3	21
15			F.		,,	1	16
16	F.			F.	Vertex.	7	41
17			F.		,,	4	28
18		F.			,,	2	18
19			F.		,,	3	22
20	F.				Breech.	4	30
21		F.			Vertex.	5	33
22			F.	F.	,,	1	18
23		F.			Placenta.	1	21
24	F.			F	Vertex.	2	20
25		F.	F.		,,	3	20
26	F.				,,	1	17
27			F.		,,	3	23
28		F.			,,	14	39
29				F.	,,	1	21
30		F.			Placenta.	3	24

An inspection of the table shows that 10 cases of hemorrhage occurred before the incursion of labor; 11 during labor, and before delivery; 9 between the birth of the child and expulsion or delivery of the placenta; and 8 after the expulsion of the placenta. It will be noticed that hemorrhage occurred, in 8 cases, at two different periods. In 26, the hemorrhage was accidental; in 4, unavoidable.

There is some hemorrhage in all cases of labor; but the rule by which we measure that excess which we denominate *flooding* has not been, nor can be, very

accurately settled. Robust and plethoric subjects can lose with impunity such a quantity of blood as would reduce an anæmic patient to a dangerous state of prostration, and still we feel no alarm at its loss. In this matter, I am aware that what might be denominated by one accoucheur as flooding would not be noted as such by another; and that, very likely, what a junior practitioner in midwifery would enter in his record as a case of uterine hemorrhage, would, when he had been in practice twenty-five or thirty years, find no place for note or comment. In the present category, undoubtedly, some of the cases of hemorrhage noticed in the earlier periods of my experience would not be considered of sufficient consequence to be put under the ban of that "bad eminence" now.

Each one must be left to determine this matter for himself; being careful, on the one hand, that he suffers himself to be drawn into no premature intermeddling with a case that would do well if left to the natural efforts; nor, on the other hand, that he procrastinates his interference until the opportunity for successful assistance is irrevocably closed, and he finds himself overwhelmed by the crushing reflection, that a life has been sacrificed to his doubts and indecision.

Cases of dangerous flooding are among those accidents which call into exercise, beyond other complications incident to parturition, the skill and firmness of the obstetrical practitioner. Uterine hemorrhage frequently takes place suddenly and without warning. In many cases, there is no time for counsel. The life-blood of the sinking patient is fast ebbing without let

or hinderance; the blanched lips, the upturned eye, the sardonic laugh, the frantic call for fresh air, are so many demands upon our decision to come to the rescue ere the fatal prostration has been irremediably induced. In cases like these (and thankful should we be that they occur so seldom), the country practitioner cannot, like his city *confrère*, have the benefit of competent counsel, by calling in the next-door neighbor. He must decide, and that, too, alone and speedily; and he is quite too often deified or damned, not for any exercise or lack of skill, but solely by a result which no professional blunder could prevent, or the most consummate dexterity of manipulation arrest.

Most of the cases of the preceding table were such as require or admit of little comment. Of the 10 cases occurring before the commencement of labor, all but two occurred before the seventh month of utero-gestation. Many of them were so slight that no professional advice was sought; and their existence was only discovered by inquiry at the period of labor. Of one only was any note taken beyond the bare fact of occurrence. Case 8 occurred in a third pregnancy, and in a subject of a delicate and anæmic constitution. Although the quantity of blood lost was by no means excessive, yet the patient was reduced to a state of great weakness, and was for many weeks confined to the horizontal posture; as very little motion, while sitting up, would induce a return of the hemorrhage. At the period of the hemorrhage, opium, acetate of lead, with cold, wet cloths to the vulva, and a reduced

temperature of the room, were relied on for its arrest. Tonics and laxatives, with a suitable diet and regimen, were prescribed for the general health; and, before her full time, the patient had measurably recovered from the prostration consequent on the hemorrhage. The flooding occurred in the fourth month, and was attributed by the patient to a strong mental emotion, excited by an unpleasant occurrence in the family.

Of the 11 cases occurring during labor, and before the birth of the child, but four presented any thing worthy of note. These were the cases of placenta prævia, already spoken of. The third case of the present table was the first one of unavoidable hemorrhage. The other cases were the thirteenth, twenty-third, and thirtieth; the last being also the case where the child presented with the shoulder.

There were nine cases of hemorrhage between the birth of the child and delivery of the placenta. In two of these only was it found necessary to introduce the hand into the uterus. The seventeenth case of the table was one of these. The patient averred, that, in three prior deliveries, the placenta had been force-delivered. In the present instance, the flooding supervened immediately after the birth of the child, and was so excessive that the patient soon became faint. The pains were now hardly perceptible; and as the hemorrhage continued in excess after a strong dose of laudanum and acetate of lead had been taken, and in view of the fact that the placenta had been found adherent in all her former pregnancies, I concluded to wait no longer. The hand was accordingly, with

little resistance, introduced into the uterus, and the placenta found still partially adherent to the fundus. The separation was effected by grasping the placenta with the outstretched hand, and waiting for the uterus to contract before it was withdrawn from the organ. The twenty-seventh was the other, and only other, case where the hand was introduced for the extraction of the placenta. In this case the attachment was to the fundus, and by more than half its surface. It was with difficulty that its connections were broken up. In both cases the patients were affected with nausea and occasional retching for some hours after delivery; and, in the first case, the after-pains were more than ordinarily severe.

There were 8 cases noted of hemorrhage occurring after the expulsion of the placenta, but in no case was the flooding alarming. Opium, and acetate of lead, a compress to the abdomen, and, in a case or two, cold, wet cloths to the vulva, were found sufficient to restrain the flow of blood within due bounds. Some practitioners of my acquaintance make it a rule to administer a dose of ergot just before the birth of the child; affirming that they have less trouble with the placenta, and less hemorrhage. In the "Southern Medical and Surgical Journal" for January, 1848, Dr. Blackburn, of Barnesville, reports, that, in two cases where ergot had failed to induce uterine contractions, he had succeeded with a strong decoction of the cotton-plant (*Gossypium herbaceum*). In the last number of "Braithwaite's Retrospect" (XXXII.), quoting from the "Dublin-Hospital Gazette," Feb. 1,

1855, it is stated that Mr. Harris, in the "Virginia Medical Journal," relates cases in which a strong decoction of uva ursi produced vigorous pains, which soon caused the expulsion of both fœtus and placenta; and that he preferred its use to ergot, being less dangerous, as he avers, to the child. Of these last two agents, for the purpose here recommended, I have no experience.

TABLE XXXII. — *Frequency and Mortality of Flooding.*

AMERICAN PRACTICE.										
Authors.	Whole No. Cases.	Cases Flooding.	Mothers lost.	Children lost.	Accidental Hemorrhage.	Mothers lost.	Unavoidable Hemorrhage.	Mothers lost.	Hemorrhage after Labor	Mothers lost.
Dr. Potter	247	6	0	0					6	0
Dr. Van Bibber	1787	52	0	0	35	0	2	0	15	0
Dr. Thomas F. Cock *	533	28	1		16		6	1	6	0
Bellevue Hospital, N. Y.	1410	23			4		1		18	
Dr. Metcalf	1768	30	0	2	18	0	4	0	8	0
Aggregates	5745	139	1	2	73	0	13	1	53	0
RESUMÉ.										
Countries.										
England	47214	700	95	107	151	24	168	47	264	23
Germany	14748	26	2	2	4		16	2	6	
United States	5745	139	1	2	73	0	13	1	53	0
Total	67707	865	98	111	228	24	197	50	323	23

Laying aside the first 5 entries in the table,† against which the "whole number of cases" are not placed,

* Of the New-York Hospital. — See page 80. † Details of British Practice, not printed.

and we have for frequency in British practice, as the ratio for cases of hemorrhage, one case in 95; for the mortality to the mother, taking all the "cases of flooding," we have the ratio of one in 7.3; mortality to the children, one in 6.5; ratio of mortality for accidental hemorrhage, one in 3.6; placenta prævia, one in 3.5; and, for hemorrhage after labor, one in 11.5. In German practice, the ratio of frequency is one in 567; mortality to mother and child (both the same), one in 13; accidental hemorrhage, no mothers lost; for placenta prævia, the ratio of mortality is one in 12; and, in hemorrhage after labor, no mothers lost. In American practice, the ratio of frequency is one in 41.3; mortality to the mother, one in 139; to the child, one in 69; in accidental hemorrhage, no mothers were lost; in placenta prævia, one in 13; and, in hemorrhage after labor, none.

Table XXXIII. — *Retention of the Placenta.*

In the 1,768 cases, the subject of the present analysis, the interval between the birth of the child and the delivery of the placenta was noted in 864 cases, and is set down in the table as follows; viz., —

Intervals	Within 5 minutes.	Between 5 and 10 do.	Between 10 and 15 do.	Between 15 and 20 do.	Between 20 and 25 do.	Between 25 and 30 do.	Between 30 and 35 do.	Between 35 and 40 do.	Between 40 and 45 do.	Between 45 and 50 do.	Between 50 and 60 do.	Between 1 and 1½ hrs.	Between 1½ and 2 do.	Between 2 and 2½ do.	Between 2½ and 3 do.	Between 3 and 9 do.	Between 9 and 24 do.
No. Placentas } 864	85	280	215	100	96	60	5	7	2	1	3	2	3	2	1	1	1

According to this table, the mean length of the interval between the birth of the child and the delivery of the placenta is 19 minutes, abating a fraction. Dr. Clarke found the mean interval to be 20 minutes; and Dr. Churchill tells us, that, in 250 cases out of 277, the placenta was expelled within 15 minutes.

How long after the birth of the child is the placenta to remain undelivered, to be denominated a retained placenta? Like the question, How much blood must be lost to denominate the case one of flooding, it admits of no definite answer. Dr. Churchill fixes the time at "an hour and a half, or thereabouts, for ordinary cases;" Dr. Meigs abates the "thereabouts," and says nothing about the "ordinary cases," but, while fixing the time at "an hour and a half," thinks it probable "that cases may and do occur in which a longer delay might be advisable;" while Dr. Robert Lee, cancelling the fractions, is of opinion, that, "in all cases, whatever the cause of the retention may be, if the placenta, at the end of an hour, is not detached from the uterus and expelled, it should be withdrawn artificially."

The last two cases in the preceding table were returned by a correspondent without note or comment. Of the remaining cases, if we adopt, as a rule, that one hour and a half shall measure the interval, after the delivery of the child, for retained placentæ, we have 6 cases falling within that category. All these cases occurred after protracted labors. The causes assigned for the retention were as follows: Inertia of the uterus, four; irregular contraction, one; unusual

adhesion, one. In the case of the longest interval, that of 3 hours, no pain and no contraction of the uterus were felt until just before the expulsion of the placenta. None of the placentæ, in the cases of inertia, were force-delivered. These cases all occurred in the earlier periods of my practice; and I attribute, in part at least, the length of the retention to the fears I then entertained of severing the funis, and the lack of means used to promote contraction of the uterus. In the cases of hour-glass contraction, and unusual (morbid ?) adhesion, the placentæ were delivered by introducing the hand into the womb, and breaking up the attachments. In none of the cases was there sufficient hemorrhage to be called flooding.

TABLE XXXIV. — *Frequency of Retained Placenta, Causes, and Result to the Mother.*

AMERICAN PRACTICE.							RESUME'.						
Authors.	Whole No. Cases.	Retained Placenta.	Inertia.	Irregular Contraction.	Morbid Adhesion.	Mothers lost.	Countries.	Whole No. Cases.	Retained Placenta.	Inertia.	Irregular Contraction.	Morbid Adhesion.	Mothers lost.
Dr. Potter . . .	304	5		5		0	England . .	39,709	264	67	51	63	36
Dr. Van Bibber	1,787	18		1	17		Germany . .	219,541	196	1			
Dr. Cock	533	16		2	14	0	United States	4,410	45	4	9	32	0
Dr. Metcalf . .	1,786	6	4	1	1	0							
Aggregates . .	4,410	45	4	9	32	0	Total	263,660	505	72	60	95	36

Passing by the figures against the names of Mr. Giffard, Mr. Perfect, and Dr. Ramsbotham, in the *re-*

sumé of English practice, who do not report the whole number of cases, we find the 39,709 cases in British practice give 194 cases of retained placentæ; furnishing a ratio of one case in 204. German practice furnishes a ratio of one in 1,120; and American, of one in 98. The whole number of cases (263,660) gives 435 cases of retained placentæ; furnishing a ratio of one in 606. The great discrepancies in the ratios of frequency, in the different countries and among the different reporters, must be mainly attributable to the different standards of measurement as to what shall be called retention. The fact, too, that many of the cases were seen in consultation, and so may be supposed to be cases of severity, would somewhat vary the proportions. In regard, also, to the ratio of mortality in British practice, Dr. Churchill tells us that large allowance should be made, from the fact that many of the cases were in the hands of incompetent midwives before the accoucheur was called.

In cases of retention of the placenta from inertia, it is not often necessary to introduce the hand into the uterus, as the contraction of that organ will generally be excited by some of the means recommended for that purpose. M. Mojon, and some other European practitioners, recommend the injection of cold water into the umbilical vein, as a means of exciting the dormant powers of the uterus. I have no experience in this practice, but cannot sympathize with Dr. Churchill in his fears of inducing inflammation by its use; and would make a trial of its efficacy in any case, where other means should fail, rather than

introduce the hand into the uterus. Ergot, in most cases, is a reliable remedy, and serves the double purpose of expelling the placenta and arresting consecutive hemorrhage.

The uterus may contract irregularly, and thus prevent the expulsion of the placenta. In treatises on midwifery, we are told of an hour-glass contraction, and a cylindric contraction; but do we not find a globular contraction, which sometimes retains the placenta? I cannot be mistaken, I think, that I have many times found the expulsion of the placenta delayed by this kind of contraction. You make extension upon the cord, and you find there is no yielding. Passing the hand upon the abdomen, you find the uterus contracted to the size of your outspread hand, and that it is perfectly globular in shape. An examination *per vaginam* reveals a rigid and unyielding os uteri, contracted, in some cases, almost to the size of the umbilical cord; and this is the reason why the placenta is retained.

If there were any certain means of distinguishing cases of inertia and irregular contraction from what is usually denominated "morbid adhesion" of the placenta, we should not, in the absence of hemorrhage, so scrupulously regard time as a measure of our delay before engaging in its forcible extraction. But as we cannot be certain, that, although there may be inertia or irregular contraction, there may not be complicated with either of these conditions morbid adhesion also, and inasmuch as the weight of authority is against any prolonged delay, we must pay some

regard to the period to which we procrastinate our interference. Having but little experience in this branch of the obstetric art, I should notwithstanding be disposed, I think, to avail myself of the longest period of delay, and hence should vote for the "hour and a half, or thereabouts," of Dr. Churchill; finding the value of the "thereabouts" to be another half-hour.

I cannot better dismiss the present subject than by quoting the opinion of Dr. Denman upon the introduction of the hand into the uterus. "It is often mentioned," says the doctor, "as a slight thing; yet I am persuaded that every person who attends to the consequences of the practice will think it of importance, and that, if possible, it should always be avoided."

Table XXXV. — *Convulsions.*

In the whole number of cases (1,768), but three cases of convulsions were met with. They are analyzed as follows; viz., —

Mother.						Child.		
No. of Case.	Age when married.	Age when delivered.	No. of Pregnancy.	Duration of Gestation.	Duration of Labor.	Sex.	Weight.	Alive or dead.
1	21	22	1	9 months.	18 hours.	F.	7 lbs.	A.
2	17	19	1	9 ,,	12 ,,	F.	7¼ ,,	A.
3	18	19	1	9 ,,	8 ,,	F.	6½ ,,	D.

The first of the cases in this table was returned in the "abstract" of a correspondent, without comment. Case 2 was one of great severity, and of the epilepti-

form variety. The first convulsion occurred just before the birth of the child; the patient making, at the time, a screeching exclamation that her head would burst. The child was born during the second convulsion, which directly followed the first. A vein in the arm was immediately opened, and twenty ounces of blood drawn. The placenta was soon afterwards found in the vagina, and withdrawn. From this time, the convulsions continued strong and frequent for 48 hours, after which they grew less frequent. From the first, there was an entire loss of consciousness for four full days; and during a large portion of the time, while struggling with the convulsions, it required the aid of two or three attendants to keep the patient upon the bed. It was not until the fifth morning from her accouchement that the patient showed the least sign of returning consciousness; and never shall I forget the smile of recognition, which lighted up a countenance once more beaming with intelligence, as I paid my morning visit to her bedside. I found she had no recollection of a single occurrence from the first attack of the convulsions until the present morning. The last thing she remembered was an intense and rending pain in the head. During all this time, she did not utter a single word or make a solitary intelligent sign. On asking her if she knew she had become a mother, she answered, "I suppose I have, as I have just heard the cry of an infant in the other room; but I can remember nothing since last night (four nights had passed), when you was sitting by the side of the bed."

The third case, like the two previous ones, also

occurred in a primipara. On the day preceding the attack of the convulsions, the patient had rode some eight or nine miles. The weather was cold (it was the 30th of December); and, for some time after her arrival at home, she remained quite uncomfortable. At supper, she ate heartily of pork and beans, and at six, P.M., of the same evening, was attacked with the first convulsion. On my arrival at the house, which was in a few minutes, I found her lying quite calm, the convulsion having passed off. Consciousness had returned; and, complaining of nausea, I directed she should have a draught of warm water. In a few minutes emesis followed, and the stomach was relieved of its burden. It was about the full period, and she was daily expecting her confinement, but at this time complained of no pain, except in the head. The stomach having been fully evacuated, and the pain in the head slight, no further prescription was made. I was summoned again at eight o'clock, when she had another convulsion. She had, for the last half-hour, complained of some pain low down in the back. An examination *per vaginam* was made, and the os uteri was found dilated to the size of a dime. The uterine pains were soon more distinctly manifested; and no doubt was entertained that labor had commenced. The patient was now unconscious, and could not be roused from the coma. At ten and half-past eleven, there were two more convulsions, plainly of the epileptic character. At one, two, five, eight, and nine o'clock, A.M., of the succeeding day, the convulsions were again repeated. In the mean time, the labor had progressed slowly; the head had escaped from the

uterus, and was engaged in the superior strait. Between ten and eleven o'clock, there were two more convulsions; and it was advised by counsel (Dr. Robbins, of Uxbridge, he having been called some hours previous), that the delivery should be completed by the forceps. This was readily accomplished; and we now hoped the convulsions would cease. But we were disappointed, as they returned during the succeeding hour, and continued, at short intervals, until one, A.M., on Monday (the next) morning. From this time until half-past six, P.M., on Tuesday, being 67 hours from the first attack, she remained wholly unconscious. During the continuance of the convulsions, she was bled to the amount of seventeen ounces; had a cathartic operation from the bowels; and took antispasmodic medicines by the mouth, and by enemata. Ether was used in this case, though sparingly. Recovery took place after a very slow and protracted convalescence; and the patient, in the two successive labors which have since occurred, had no return of this dangerous complication.

TABLE XXXVI. — *Frequency of Convulsions.*

AMERICAN PRACTICE.			RESUME'.		
Authors.	Whole No. Cases.	Convulsions.	Countries.	Whole Number Cases.	Convulsions.
Dr. Burwell	588	13	England	38,546	79
Dr Potter	304	2	France	58,357	80
Dr. Van Bibber . . .	4,290	19	United States . . .	9,362	56
Dr. Cock	533	7			
Dr. Storer	451	3			
Bellevue Hospital, N.Y.	1,410	9			
Dr. Metcalf	1,786	3			
Aggregates	9,362	56	Total	106,265	215

In regard to the large ratio for the United States, it should be remembered that many of the cases of Dr. Chatard, reported by Dr. Van Bibber, were those seen in consultation; and that the cases of Dr. Cock, many of them, were the severer cases of two lying-in charities, with which he is officially connected.

TABLE XXXVII. — *Mortality of Convulsions to the Mother.*

AMERICAN PRACTICE.			RESUME'.		
Authors.	Whole No. Cases.	Mothers lost.	Countries.	Whole No. Cases.	Mothers lost.
Dr. Potter	2	1	England	152	42
Dr. Van Bibber . . .	19	3	United States . .	34	7
Dr. Cock	7	2			
Dr. Storer	3	1			
Dr. Metcalf	3	0			
Aggregates	34	7	Total	186	49

The ratio of mortality, as furnished by the table, is, for English practice, one for every 3.6; for American practice, one in 4.8. Notwithstanding this large ratio for the fatal cases, we have reason to believe that a larger proportion of recoveries is met with now than formerly. Jacob tells us, that in his time scarcely any recoveries took place; Dr. Parr, that six or seven out of every ten were lost; and Dr. Hunter, that the greater proportion died.

Are puerperal convulsions more likely to occur in a first than a subsequent pregnancy? By Dr. Ramsbotham and some others, I believe, it has been stated that convulsions more frequently, or at least as often, make their appearance in the multiparæ as the primi-

paræ. The statistics of the following table do not support such an opinion: —

TABLE XXXVIII. — *Frequency of Convulsions in Primiparæ.*

AMERICAN PRACTICE.			RESUME'.		
Authors.	Whole No. Cases.	Primiparæ.	Countries.	Whole Number Cases.	Primiparæ.
Dr. Van Bibber . . .	12	8	England	96	79
Dr. Cock	7	6	United States . .	26	16
Dr. Storer	3	2			
Dr. Metcalf	3	3			
Aggregates	25	19	Total	122	95

In investigating the mortality of puerperal convulsions, every circumstance that will aid us in prognosticating their *incursion* must be of great importance and value. If future experience should confirm the observations of Dr. Levis, of London, that albumen is always present in the urine of women attacked with puerperal convulsions, may we not be furnished, by a timely diagnosis, with large additional means for combating this fearful complication? It would be no very difficult or troublesome matter to test the urine for albumen in almost every case of labor; and, when we should have reason to expect an attack of convulsions, might we not, by the institution of an opportune prophylactic treatment, do something to abate the fatality of this appalling disease?

Dr. Levis tells us that he has "investigated the

urine in upwards of fifty women from whom the secretion had been drawn during labor, great care being taken that none of the vaginal discharges were mixed with the fluid; and the result has been, that in no cases have I detected albumen, except in those in which there has been convulsions, or in which symptoms have presented themselves which are readily recognized as precursors of puerperal fits." Dr. Cock, in the article before referred to, says, "In five cases of puerperal convulsions, the urine was found to contain albumen in every instance."

When the convulsions partake of an apoplectic character, the safety of the patient depends upon the *speedy* adoption of a suitable treatment; and we must not shrink from a practice because the timid and vacillating have endeavored to bring it into disrepute, by attaching to it, with opprobious intent, the epithet "heroic." "Citus et diligenter" must be our motto, or we shall have reason to mourn the loss of an opportunity which no repentance can recall, and the consequences of a neglect which no subsequent exercise of skill can repair. Whatever is to be done must be done without delay, or we shall have a brain so profoundly congested that no art can relieve it from the fatal pressure. We must not be afraid of the lancet, or of its employment more than once; remembering (not for the purpose, however, of being repeated in every case) that Dr. Denman took forty, and Dr. Blundell seventy ounces of blood from a patient under these circumstances.

Vesico and Recto-Vaginal Fistula. — In the 1,786 cases of the present paper, vesico and recto-vaginal fistula occurred, as the disastrous sequel to labor, in a single instance. It was met with in a first pregnancy, in which the labor was protracted to 48 hours. The child was a male, and weighed 11 lbs., and was still-born. The head was engaged for many hours in the passage of the superior strait; and, notwithstanding the liberal use of chloroform, the patient suffered severely during its transit. After the head had come down into the vagina, and the perineal tumor was fully formed, the pains, which up to this time had been strong and frequent, became weak, and with long intervals between; and, for the purpose of expediting the delivery, an attempt was made to accomplish the process by the vectis. The instrument was applied towards the left sacro iliac junction (the presentation being that of the vertex), but, after a few unavailing efforts at extraction, was withdrawn. Soon after this, the uterine contractions again became strong and frequent, the external organs yielded, and, in a short time, the delivery was completed. On examining the head of the child, the sutures were found less open than usual. The day succeeding her confinement, the patient was found doing well, except an inability to retain the urine. As this is not a very unusually rare occurrence after protracted labors, especially when the head lies for some time impacted in the superior strait, the patient was advised that the parts would soon recover their tone, and that the trouble would thereupon cease. But the incontinence

of urine persisted, and the patient soon began to complain of great soreness and pain in the vagina. An attempted examination proved abortive, in consequence of the extreme suffering it induced. There were no circumstances attending the labor to justify the supposition that the bladder had been ruptured: the urine had been voided without pain, and the application of the vectis was at a point distant from the bladder and urethra. It was also too soon to expect sloughing, had the pressure of the head destroyed the vitality of the parts; and hence I can have no doubt, that, in the first instance, the incontinence of the urine was properly attributable to inertia of the sphincter. An intense inflammation had now fixed itself in the vagina, rendered more severe by the constant dribbling of the urine. The bowels were kept freely opened, and the usual topical treatment instituted and assiduously continued, but still with little or no improvement. By the aid of chloroform, a thorough exploration of the vagina was made on the tenth day after the accouchement, and the unwelcome fact revealed, that a slough had now taken place in the urethra, extending to the neck of the bladder. This was verified by the passage of the catheter. A faithful and close attention was kept upon the case, and the treatment adopted perseveringly followed: but still there was no abatement of the symptoms, or of the sufferings of the patient; and, on the twenty-sixth day from the conclusion of the labor, the case was further complicated by a sloughing of the recto-vaginal septum. Dr. Channing, of Boston, was now joined in

consultation. The inflammation was so intense, and the suffering so severe, that no examination could be tolerated, except when the patient was under the influence of chloroform. The examination showed the whole vaginal surface deeply injected, and of a bright red color. The opening into the rectum was about two inches above the inferior commissure of the labia, and of the size of a half-dime. The opening at the juncture of the urethra with the bladder was somewhat less. The result of the counsel was, that the patient should be made as comfortable as possible, and that nothing could be done for her permanent relief until the inflammation of the vagina should be abated. To this end, the treatment hitherto instituted was continued; but it was many weeks before any perceptible reduction of the inflammation was effected. From this time there was a very gradual abatement of the sufferings of the patient; though she was not able to walk about the house until February, 1853, — almost a year from her confinement. In the autumn of that year, she was seen by Dr. J. Mason Warren, of Boston; but so little confidence was felt in the success of an operation, that none was proposed. The patient has never been able to make use of any apparatus to prevent the flow of the urine over the surface of the irritable vagina. A sponge, or even a metallic canula, has invariably given rise to such a degree of inflammation as to speedily forbid the use of either. At this time, the general health of the patient is quite good; but the fistulous openings remain without change. The urine is sometimes retained for two or three hours;

and sometimes a night is passed without any flow. The recto-vaginal opening gives her less trouble than formerly, unless diarrhœa be present. When the bowels are somewhat costive, fecal matter seldom finds its way into the vagina.

Puerperal Fever. — In the 1,786 cases of midwifery, puerperal fever was developed in 12 instances. None of the cases proved fatal. Two only occurred in my own practice, and 10 were collected from the "abstracts" of correspondents. The treatment in all the cases was similar, — free purging with calomel and salts in the beginning; and, where the disease did not yield, alterative doses of calomel, combined with James's Powders, completed the cure. But a single case was bled. In one of the cases, the lacteal secretion returned at the end of three months; when the child was put to the breast, and continued to nurse the usual period.

TABLE XXXIX. — *Frequency and Mortality of Puerperal Fever.*

AMERICAN PRACTICE.				RESUMÉ.			
Authors.	Whole No. Cases.	Cases Puerperal Fever.	Died.	Countries.	Whole No Cases.	Cases Puerperal Fever.	Died.
Dr. Potter . .	304	2	1	England . .		672	283
Dr. Storer . .	451	6	0	United States	2,541	20	1
Dr. Metcalf .	1,786	12	0				
Aggregates .	2,541	20	1	Total . . .	2,541	692	284

The vast difference in the ratios of mortality in British practice is to be accounted for, undoubtedly, by the reasonable supposition, that some of the observers, as Dr. Leake, Dr. Hunter, Dr. Clarke, &c., saw the disease as it prevailed epidemically; while the cases reported by Dr. Gordon, Dr. Campbell, &c., were of the sporadic type. Cases that are observed in an epidemic cannot legitimately be collocated with sporadic cases, at least to determine the ratio of mortality, — as, otherwise, the discrepancies between the various reporters will destroy all confidence in the value of the analysis; and the preceding table is constructed more for the sake of preserving the cases occurring in American practice, than for any purposes of comparison or deduction.

In puerperal fever, when peritonitis is the predominant local affection, the prognosis is unfavorable, even when it occurs in a sporadic type. Occurring as an epidemic, it exhibits a frightful mortality. By some, it has been declared to equal the plague. When it prevailed at Paris in 1746, at Edinburgh in 1773, and at Vienna in 1795, there were no recoveries. Dr. Ferguson, in his "Treatise on Puerperal Fever," tells us, "To save two out of three may be termed good practice, in an epidemic season."

TABLE XL. — *Analysis of Eleven Cases of Twins.*

Number of Case.	Age when married.	Age when delivered.	Number of Pregnancy.	Duration of Labor.	No. of Placentæ.	Presentation.	Sex.	Weight.	Interval between the Births.	Alive or Dead.
1	20	27	4	10	2	Vertex. — Breech.	F. — F.	$5\frac{1}{2}$ — $4\frac{3}{4}$	5 min.	A. — D.
2	24	36	5	4	2	Vertex. — Vertex.	F. — M.	7 — 8	10 ,,	A. — A.
3	24	40	7	24	1	Vertex. — Vertex.	F. — F.	$7\frac{1}{4}$ — $7\frac{3}{4}$	15 ,,	A. — A.
4	28	33	3	10	2	Vertex. — Feet.	M. — M.	7 — $7\frac{3}{4}$	30 ,,	A. — A.
5	25	31	2	15	2	Vertex. — Vertex.	M. — F.	$8\frac{1}{4}$ — $6\frac{1}{2}$	30 ,,	D. — A.
6	21	26	3	17	1	Vertex. — Breech.	M. — F.	8 — $7\frac{3}{4}$	5 hrs.	A. — D.
7	19	24	2	11	2	Vertex. — Feet.	M. — M.	$7\frac{3}{4}$ — $7\frac{3}{4}$	20 min.	A. — A.
8	19	21	2	13	2	Vertex. — Breech.	F. — F.	7 — $6\frac{1}{2}$	15 ,,	A. — A.
9	18	24	3	24	1	Vertex. — Feet.	M. — F.	$7\frac{1}{4}$ — 8	20 ,,	D. — A.
10	23	25	1	30	1	Vertex. — Face to Pubis.	F. — F.	7 — $6\frac{3}{4}$	15 ,,	A. — A.
11	20	27	4	30	1	Vertex. — Feet.	M. — M.	8 — $7\frac{1}{4}$	20 ,,	A. — A.

By adding one for each twin case, it will be seen that the 1,786 cases of labor gave birth to 1,797 children. The mean age of the mothers included in the foregoing table, at marriage, is 21 years 10 months and 27 days; when delivered, 28 years 6 months and 16 days. The number of pregnancies for each is $3\frac{3}{11}$. The mean duration of labor, 17 hours and 5 minutes. The presentations were, of the vertex, 14; of the breech, 3; of the feet, 4; and of the face to the pubis, one. The mean weight of all the children was 7 lbs. 3 oz.; mean weight of the males, $7\frac{3}{4}$ lbs.; females, $6\frac{3}{4}$ lbs. In the case where the interval between the birth of the children was five hours, the first child was born in an extraordinary short space of time after the commencement of labor. The mother was awakened from a sound sleep by a pain; and, in less than 15 minutes afterwards, the child was born. Of the

children, 18 were alive, and 4 were dead. The two deaths, in the table, of presentation of the vertex, had taken place some time before delivery; in one case, so long before that the cuticle was loosened. The cases, where other presentations than the vertex occurred, may be found under the different tables of such presentation.

TABLE XLI. — *Frequency of Plural Births.*

AMERICAN PRACTICE.					RESUME'.				
Authors.	Whole No. Cases.	Twins.	Triplets.	Quadruplets.	Countries.	Whole Number Cases.	Twins.	Triplets.	Quadruplets.
Dr. Burwell . .	588	10			England . .	155,226	2,438	36	2
Dr. Potter . . .	304	2			France . .	36,570	332	6	0
Dr. Van Bibber .	2,503	17			Germany . .	250,386	2,967	35	2
Dr. Cock . . .	533	15			United States	7,575	83	1	
Dr. Storer . . .	451	5							
Bellevue Hos., N.Y.	1,410	23							
Dr. Metcalf . .	1,786	11	1						
Aggregates . .	7,575	83	1		Total . . .	449,757	5,820	78	4

The aggregates of the foregoing table furnish the following ratios: For British practice, twins, one case in 63; triplets, one in 4,312; quadruplets, one in 77,613. For French practice, twins, one case in 110; triplets, one in 6,095. For German practice, twins, one case in 84; triplets, one in 7,153; quadruplets, one in 125,193. For American practice, twins, one in 91; triplets, one in 7,575. The ratios for the whole number of cases (449,757) are, for twins, one in 77; triplets, one in 5,766; and for quadruplets, one in 111,939.

TABLE XLII. — *Mortality to Children in Plural Births.*

AMERICAN PRACTICE.					RESUME'.				
Authors.	Cases Twins.	Children lost.	Cases Triplets.	Children lost.	Countries.	Cases Twins.	Children lost.	Cases Triplets.	Children lost.
Dr. Storer	5	1			England	540	401	12	8
Dr. Cock	15	6			Germany	157	16		
Dr. Metcalf	11	4	1	0	United States . . .	31	11	1	0
Aggregates	31	11	1	0	Total	728	428	13	8

The results of this table are as follows: Of the 728 cases of twins (1,456 children), 428 children were lost, furnishing a ratio of mortality of one in 4.6; of the 12 cases of triplets (36 children), 8 were lost, furnishing a ratio of one in 4.5.

A distinction should be preserved between children set down as lost and those set down as still-born. All children born dead are still-born; but, unless the death was a result of labor, they should not be marked as lost. The difference in the ratios of mortality in the preceding table seem to indicate, that, with some of the observers, all born dead were reported as lost; while others only arranged in that category those children whose death was one of the results of labor. In reporting children dead at birth, this distinction should, in all cases, be remembered; as, otherwise, our statistics will not give a proper

credit to the presentation, mode of delivery, complication, &c.

In regard to the mortality to the mothers in plural births, a sufficient number of observations have not been preserved to form the basis of any reliable comparison. By some, the fatal cases have been estimated as one in 20. In 240 cases reported by Dr. Collins, 7 died; furnishing a ratio of one in $34\frac{2}{7}$ for the deaths.

TABLE XLIII. — *Sexes in Twin Cases.*

AMERICAN PRACTICE.					RESUME'.				
Authors.	No. Twin Cases.	Both Males.	Both Females.	Male and Female.	Countries.	No. Twin Cases.	Both Males.	Both Females.	Male and Female.
Dr. Storer .	5	2	1	2	England . .	457	131	145	181
Dr. Cock . .	12	2	7	3	United States	38	11	17	10
Dr. Burwell .	11	3	4	4					
Dr. Metcalf .	10	4	5	1					
Aggregates .	38	11	17	10	Total . . .	495	142	162	191

Of the 990 children born of the 495 cases, 475 were males, and 515 were females; showing a preponderance of 30 in favor of the females. The statistics of the table also show that twin children are more frequently male and female, and that twin sisters are more common than twin brothers.

TABLE XLIV. — *Presentation of Twins.*

Authors.	Whole No. of Cases.	Both Head.	Head and Breech.	Head and Foot.	Both Breech.	Breech and Head.	Breech and Foot.	Both Feet.
Dr. Jos. Clarke	63	16		25	2	6	1	3
Dr. Collins	234	103	30	25	8	25	9	5
Mr. Lever	32	15	7	5	2		1	
Dr. Cock	14	7	3		2			
Dr. Burwell	10	5	3					1
Dr. Metcalf	11	3	3	4				
Aggregates	364	149	46	59	14	31	11	9

Authors.	Head, Hand, Cord, and Foot.	Foot and Head.	Breech and Elbow.	Head and Arm or Shoulder.	Face and Head.	Head and Face.	Foot and Hand.	Foot and Breech.
Dr. Jos. Clarke		10						
Dr. Collins		19	1	5	1	1	1	1
Mr. Lever				2				
Dr. Cock	2							
Dr. Burwell		1						
Dr. Metcalf						1		
Aggregates	2	30	1	7	1	2	1	1

It will be understood that the presentations are entered in the order of birth. As will be seen, presentation of the head, in both children, occurs in much the largest ratio; being one for every 2.4. Presentations of the head and breech, one in 8; and so on.

The following table shows the interval between the birth of twins in 238 cases; and although it contains

none of the wonders of Dr. Merriman's three cases, — where one child was retained for 14 days after the first; another, 6 weeks; while, in a third case, the patient, in the start, was delivered of a pair of twins, and, in two days afterwards, of another brace of boys, — still it may serve the purpose of future comparison, and be of some service to those who may turn their attention to this subject of investigation.

TABLE XLV. — *Interval between Twins.*

Authors.	Whole No. Cases.	5 m.	10 m.	15 m.	20 m.	30 m.	45 m.	1 hr.	2 hrs.	3 hrs.
Dr. Collins .	212	38	29	45	23	30	5	16	8	3
Dr. Cock . .	15					11				1
Dr. Metcalf .	11	1	1	3	2	3				
Aggregates .	238	39	30	48	25	44	5	16	8	4

Authors.	4 hrs.	5 hrs.	6 hrs.	7 hrs.	8 hrs.	10 hrs.	17 hrs.	20 hrs.	32 hrs.	48 hrs.
Dr. Collins . . .	5	4	2	1	1	1		1		
Dr. Cock . . .							1		1	1
Dr. Metcalf . .		1								
Aggregates . . .	5	5	2	1	1	1	1	1	1	1

It should be noted, that 11 cases of Dr. Cock are set down in the column for 30 minutes. In his article from whence they are taken, after noting the interval in 3 cases, he says, "In the others, the second labor came on so rapidly as not to require notice." Hence, for the sake of introducing the 3 cases with long intervals, the remaining 11 cases were collocated as above.

TABLE XLVI.—*Weight and Sex of Children.*

Of the 1,797 children of the present analysis, the weight and sex were noted in 1,169 instances, as follows: —

Weight in lbs.	1	2	3	3½	4	4½	5	5½	6	6½	7
Males			1		1	3	2	5	14	10	62
Females	1	1	2	1	4	6	9	11	5	37	68
Whole No. of Children	1	1	3	1	5	9	11	16	19	47	130

Weight in lbs.	7½	8	8½	9	9½	10	10½	11	11½	12	12½
Males	75	107	85	95	73	42	10	7	3	2	2
Females	111	114	72	68	22	22	8	5	2	1	0
Whole No. of Children	186	221	157	163	95	64	18	12	5	3	2

The aggregate weight of the whole number of children (1,169) is 9,482 lbs.; and the mean weight of each is 8 lbs. 1 oz. The aggregate weight of the males is 5,013 lbs.; and their mean weight is 8 lbs. 5 oz. The aggregate weight of the females is 4,469 lbs.; and their mean weight is 7 lbs. 13 oz. Of the sexes, 599 were males, and 570 females; showing a preponderance in favor of the males of 29.

Of the 1,410 cases furnished by Dr. Reynolds, of the Bellevue Hospital, the sex was noted in 1,345 instances, when there were 721 boys, and 624 girls. 715 births were completed A.M., and 596 P.M.; while 38 occurred at midnight. Of still-born, there were 104. Two cases were deformed; one having club foot, and one two thumbs on one hand. In one case,

the incisor teeth of the lower jaw were discovered on the second day after the birth. There were 20 cases of force delivery, and one fatal case of ruptured uterus. In one case, menstruation was regular during the first 4 months; in another, during the first 6; and, in 3 cases, during the whole term.

Dr. Burwell noted the sex, in 517 cases, as follows: Males, 277; females, 240. The average weight of 100 male children, at full term, he found to be 7 lbs. ¾ oz. The average weight of 100 female children, at full term, was found to be 6 lbs. 8½ oz.

Table XLVII. — *Period of Utero-Gestation.*

The period of utero-gestation was noted in 1,734 cases out of the 1,786, — the whole number of the present analysis. The table is to be read thus: Gestation terminated, in one case, at the end of 2 months; in 12 cases, at the end of 3 months; and so on.

Period of Gestation	2	3	4	5	7	8	9	10
Number of Cases	1	12	6	8	17	3	1685	2

As will be seen by the table, in 1,734 cases the labor was premature in 47 instances. Of the children, but 5 were alive at birth, and those were miscarriages at the seventh month. Of the labors that are set down as being protracted to the tenth month, I have no evidence, except the opinion of the mothers. Both had borne a number of children, — one 8, the other 7, — and both were possessed of more than ordinary intelligence. According to their reckoning, from

the last menstruation, and from the period of quickening, and by comparison with their former pregnancies, they both carried the child for 10 full months. Of the 47 cases, premature delivery had occurred, in one case, 4 times; in 5 cases, 3 times; and in 10 cases, twice. In the 31 remaining cases, it occurred for the first time.

TABLE XLVIII. — *Frequency of Premature Labor.*

AMERICAN PRACTICE.			RESUME'.		
Authors.	Whole No. Cases.	Premature Labor.	Countries.	Whole No. Cases.	Premature Labor.
Dr. Potter	304	14	England	19,319	379
Dr. Van Bibber . . .	4,309	98	France	22,380	151
Dr. Metcalf	1,734	47	United States	6,347	159
Aggregates	6,347	159	Total	48,046	689

By the table, it will be seen that premature labor occurred, in British practice, one in every 51 cases; in French, one in 148; and in American, one in 40. The whole number of cases (48,046) furnish a ratio of one in 69, or a per cent of 1.4.

TABLE XLIX. — *Period of Gestation in Seven Hundred and Sixty-one Cases of Premature Labor.*

Authors.	Whole No Cases.	1st mo.	2d.	3d.	4th.	5th.	6th.	7th.	8th
Mr. Whitehead * . .	602		35	275	147	30	32	55	28
Dr. Potter	14							13	1
Dr. Van Bibber . . .	98	1	8	8	8	6	24	28	15
Dr. Metcalf	47		1	12	6	8		17	3
Aggregates	761	1	44	295	161	44	56	113	47

* Manchester, Eng.

The causes of abortion are various; and among the most prolific may be reckoned leucorrhœa. Of the 47 cases occurring in my own practice, more than half of the number were known to be suffering with that disease. Mr. Whitehead and M. Boys de Loury speak of the frequency of ulceration of the cervix uteri; and, in 378 cases examined by the speculum, the lower portion of that organ was found to be diseased in 275 instances. Premature labor sometimes becomes habitual. In one of the cases reported by myself, the patient had suffered from 4 consecutive abortions. I was called in consultation, some years since, to a patient who had had 7 successive abortions in less than 3 years. In every instance, according to her own reckoning, she had not gone over 3 months. As may be supposed, her general health was greatly impaired, and she soon afterwards fell a victim to phthisis. Dr. Young had a patient who miscarried 13 times in succession; Dr. Schultze, one in whom premature labor took place in 22 successive pregnancies, and always near the same period of gestation. Dr. Churchill also reports a case in which abortion occurred 10 or 12 times within the space of three years, and always during the second month of gestation.

Extra-Uterine Pregnancy. — The following account of a case of extra-uterine pregnancy was kindly furnished to me by my friend Dr. James W. Robbins, of Uxbridge: —

The subject, Mrs. R—— E——, was of medium size, good form, and of a sound constitution. Her first pregnancy occurred in 1831. The child died

from delay in its birth, the presentation being one of the inferior extremities. The second pregnancy took place in 1832, the patient then residing in Holden. Nothing extraordinary was noticed during the early period of gestation. At a later period, the motions of the child were much more annoying than in her former pregnancy. To use her own expression, "it seemed as if it would burst through." She became very unwieldy from the bulk, which was decidedly greater than in either of her subsequent pregnancies, when she was carrying the retained fœtus. Pregnancy went on a full month after the time of her expected delivery; when she was taken, in April, 1833, with vomiting, which continued about two days. During this time, the motions of the child were very strong, and occasioned her great distress. There was, however, nothing resembling the pains of labor. Her physician, the late Dr. Warren Patridge, thought "all was natural." The last struggle of the child was very violent, and then "it sank down like lead." Vomiting about this time gradually ceased; and a quasi-menstrual flow supervened, and continued for a few days. A scanty lactation followed.

Soon after this, the bowels became very sore; and she remained in great distress, much of the time, throughout the summer: her appetite was impaired, and she became considerably emaciated. In the autumn, however, she began to improve; and, by the winter following, her health had become much better, and the fulness of the bowels greatly reduced. Eventually her size became about that of a woman six months

advanced in pregnancy. After the flow, which supervened upon the death of the child, no menstruation occurred until her health became confirmed; and then another pregnancy soon followed. Gestation went on favorably, and delivery was accomplished in September of the following year. The presentation in this instance, also, was either of the breech or inferior extremities; but which, I was not able to determine from the account given by the subject.

Her two next pregnancies (the second and third after the extra-uterine conception) occurred in Uxbridge; and I attended her in her accouchement in both instances. After her delivery, a rounded but uneven tumor, reaching above the umbilicus, could be distinctly traced, occupying a position, at that time, in the right side, although it was usually found in the centre of the bowels. In one of these labors, the presentation was one of the breech; and in the other, of the knee. In both instances, the child was saved with difficulty. The last one was born in November, 1839.

The patient remained in good health until the middle of the summer of 1840. Until the failure of her health, she continued to nurse the child; although, as the secretion of milk, as usual, was scanty, she had to feed it from the first. At this period, the bowels again became sore, and her appetite again failed. Being satisfied that the ill health of the patient was connected with some change going on in the retained fœtus, or the sac which contained it, Dr. Nathaniel Miller, of Franklin, was, at my request, joined with me in consultation. At a subsequent visit, Dec. 31,

at which Drs. L. L. and E. D. Miller were present, after an exploration with a trocar and canula, it was concluded to attempt the removal of the child. At the withdrawal of the trocar, it was noticed that a fetid gas escaped through the canula.

The operation was performed by Dr. L. L. Miller, of Providence, in the presence of some eight or ten physicians of the neighborhood. An incision was made in the linea alba, from above the umbilicus to near the symphysis pubis; and, the sac being opened, a hand of the child presented. The opening was then enlarged; and a full-grown child, weighing 4 lbs., was removed. An ulna and a portion of the cranium were found denuded by the process of putrefaction, which had doubtless much diminished the weight of the child. It was presented to the Boston Society for Medical Improvement, and still remains in its museum.

The wound was dressed with strips of adhesive plaster and bandages; and the patient, who had borne the operation with great fortitude, was left quite comfortable. On the next morning, however, it was found that fecal matter had been passed by the wound; plainly indicating that a communication had been established between some portion of the intestines and the sac in which the fœtus had been enclosed. There was a continual passage, in the state of chyme, of whatever alimentary matters were received into the stomach, through the opening, until her death, which took place on the first day of February succeeding the operation. From a day or two after the operation,

until her death, there were no alvine discharges, and the secretion of urine was very scanty. The emaciation became extreme; so much so, that the vertebræ projected from between the lips of the wound, which had never closed. No post mortem examination was permitted.

TABLE L. — *Distribution of Births among the several Months of the Year.*

Stating that the cases by Dr. Emerson, of Philadelphia, may be found in the "American Journal of the Medical Sciences" for November, 1831; that the month first written is the month of delivery; and the second, the corresponding one of conception, — the reading of the table will be sufficiently obvious.

Authors.	Whole No. Cases.	March. — June.			April. — July.			May. — August.		
		Total.	M.	F.	Total.	M.	F.	Total.	M.	F.
Dr. Van Bibber.	1771	172	76	96	124	62	62	134	74	60
Dr. Storer . . .	451	30			46			38		
Dr. Emerson . .	65542	5598	2896	2702	4805	2515	2290	4797	2503	2294
Dr. Metcalf . . .	1781	178	98	80	111	61	50	150	79	71
Aggregates . . .	69545	5978	3070	2878	5086	2638	2402	5119	2656	2425

Authors.	Whole No. Cases.	June. — September.			July. — October.			Aug. — Nov.		
		Total.	M.	F.	Total.	M.	F.	Total.	M.	F.
Dr. Van Bibber.	1771	144	87	57	147	81	66	140	71	69
Dr. Storer . . .	451	35			46			26		
Dr. Emerson . .	65542	4855	2523	2332	5221	2764	2457	5437	2798	2639
Dr. Metcalf . . .	1781	120	64	56	159	84	75	153	79	74
Aggregates . . .	69545	5154	2674	2445	5573	2929	2598	5756	2948	2782

TABLE L. *(continued.)*

Authors.	Whole No. Cases.	Sept. — Dec.			Oct. — Jan.			Nov. — Feb.		
		Total.	M.	F.	Total.	M.	F.	Total.	M.	F.
Dr. Van Bibber .	1771	149	75	74	154	71	83	131	73	58
Dr. Storer . . .	451	35			31			41		
Dr. Emerson . .	65542	5965	3112	2853	5567	2941	2626	5652	2954	2698
Dr. Metcalf . . .	1781	164	94	70	127	67	60	141	73	68
Aggregates . . .	69545	6313	3281	2997	5879	3079	2769	5965	3100	2824

Authors.	Whole No. Cases.	December. — March.			January. — April.			February. — May.		
		Total.	M.	F.	Total.	M.	F.	Total.	M.	F.
Dr Van Bibber .	1771	177	89	88	165	76	89	134	71	63
Dr. Storer . . .	451	27			53			43		
Dr. Emerson . .	65542	5937	3023	2914	5712	3012	2700	5996	3099	2897
Dr. Metcalf . . .	1781	153	79	74	175	90	85	150	77	73
Aggregates . . .	69545	6294	3191	3076	6105	3178	2874	6323	3247	3033

By an examination of the table, we find, that, of the 69,545 cases arranged therein, fewer deliveries took place in the months of April, May, and June, than in any other three months of the year; and consequently that the smallest number of conceptions occurred in the months of July, August, and September. The 451 cases of Dr. Storer, which do not furnish the same results as the aggregates of the table, are not taken into the account, as the paucity of their numbers, and the uncertainty of the length of the period through which they were distributed, properly exempt them (in the present case) from a comparison with a larger number of cases, whose period of distribution is known. The statistics of Dr. Emerson ran through a period of 24 years, from 1807 to 1830

inclusive; those of Dr. Van Bibber, through a period of 17 years, from 1829 to 1845 inclusive; and those reported by myself, through a period of 29 years, from 1826 to 1855 inclusive.

Some 25 years ago, an article was published in the "Annales d'Hygiène et de Médecine Légale" by Villermé, of Paris, which attributed the smaller number of conceptions (which had then been observed to occur in the months of July, August, and September), during the period in question, to the debilitating effects of the extreme heat of summer, and the insalubrity of the beginning of autumn. Whether we agree with Villermé or not, in regard to his assignment of the cause for the fact noted, the preceding table fully confirms the observations made by him in regard to the comparative infrequency of conception in the months of summer. Villermé also noticed that the presence of endemic and epidemic influences diminished the number of conceptions; and Dr. Emerson and Dr. Van Bibber, as one of the results of their investigations, came to the same conclusion.

Dr. Emerson, as quoted by Dr. Van Bibber, inclines to the opinion, that all causes which diminish the vital powers, while they diminish the liability to conception, also induce an increased proportion of female births. According to the statistics of Dr. Emerson, as well as those of Dr. Van Bibber, there was a preponderance of females born of the conceptions which took place during the years 1832 and 1833, — the first two years of epidemic cholera, — as well as during the perplexing and persistent financial difficulties which overwhelmed the country from 1837 to 1841.

TABLE LI. — *Length of the Child.*

Of the 1,797 children included in the present analysis, the length of 400 was ascertained and noted; and the table is to be read thus: 4 children were 17 inches in length; and so on.

No. of Children	4	4	28	55	68	130	56	21	12	10	8	4
Length in inches	17	17½	18	18½	19	19½	20	20½	21	21½	22	22½

This table gives, as the mean length of 400 children born at the full time, 19 inches and 37 hundredths. The following measurements by different observers, from "Guy's Principles of Forensic Medicine," is introduced for the sake of comparison: —

Authors.	Maximum.	Minimum.	Mean.
Hutchinson	26 in.	17 in.	19 to 22 in.
Foderé and Capuron	24½ in.	17 in.	20¾ in.
Quetelet	22 in.	17¼ in.	19½ in.
Billard			17½ in.
Petit			22⅓ in.
Metcalf	22½ in.	17 in.	19⅓ in.
Burwell	19 1-10 in.	18¾ in.	18 9-10 in.

The mean length of the child, deduced from these seven measurements, is $19\frac{6}{10}$ inches and a small fraction. When we consider that the weight and length of a new-born child are more reliable than any other facts for determining the duration of its fetal life, we must admit, I think, that no little importance should be attached to investigations upon this subject. The physician is summoned into court to give his testimony in a case of alleged infanticide, or perhaps in a

case of bastardy, and will be called upon to give his opinion, as an expert, as to the fetal age of the child at its birth. In such cases, would he not testify with more confidence, and would not his opinion be received with ampler credence, when based upon his own experience in the same district of country in which the case under consideration occurred, than when based upon data furnished by the statistics of the cities of Europe? The guilt or innocence of the party accused may hang upon the medical witness; and hence he should be careful, that while, on the one hand, the sacredness of justice should not be impaired, he should be equally careful, that, on the other hand, he does not heedlessly condemn the innocent to a life of contumely and shame.

Table LII. — *Insertion of the Funis.*

Of the whole number of the children, the insertion of the funis was noted in 585 cases, as may be seen, as follows: —

No. of Cases .	15	24	13	533
Insertion . .	2 inches below centre of body.	$1\frac{1}{4}$ below centre of do.	$\frac{3}{4}$ below centre of do.	At the centre of do.

In the measurements here set down, it must not, of course, be expected that the same accuracy was obtained as if the rule was applied to a piece of board upon the bench of the joiner. The motions of the child, and the lack of skill in the attendant in dis-

playing its full dimension, must necessarily forbid a measure absolutely certain in all cases. The coincidence of the insertion of the funis with the central point of the length of the child is accounted as one of the evidences of the full period of utero-gestation, and is to be used as an element in the settlement of medico-legal questions admitting its applicability.

Diseased. — Of the 1,797 children, eleven were marked diseased. Two had spina bifida, three were anencephalous, and six were noted as "diseased" simply.

The two cases of spina bifida, and one of the anencephalous cases, occurred in my own practice. The first case of spina bifida was reported in the "American Journal of the Medical Sciences" for October, 1843, p. 339; and the other, in the October number of the same journal in 1847, p. 315. In the anencephalous case, no portion of brain could be discovered in the shallow basin of the skull that had been formed. The other cases were returned by correspondents without note or comment.

Deformity in the Mother. — Deformity of the pelvis was noted in three instances. In two of them, the antero-posterior diameter was shortened. In one of the cases, the child was expelled by the natural pains, after a tedious and painful labor of eighty-five hours. The child suffered from convulsions for two or three days after delivery, but finally recovered. In the other case, after a labor of ninety hours, the child was

delivered by the blunt hook, after the operation of craniotomy. In the third case, the oblique as well as the sacro-pubic diameter was lessened. The distortion of the pelvis, in this case, was very great; and the delivery was for some time delayed after the head had been lessened. Craniotomy had been resorted to in four former labors in this patient.

Deformity in the Child. — Deformity in the child, in the whole number of cases, was met with in eight instances. Of these, five occurred in my own practice; and two were returned in the "abstracts" of my medical friends, without remark.

Case 1. — The deformity in this case consisted in an additional number of fingers and toes, one to each hand and each foot. The supernumerary members were articulated to the last joint of the little fingers and toes. There were no corresponding metacarpal and metatarsal bones; and, after a few weeks, they were removed by the knife.

Case 2. — An appendage about the size of a kidney bean, and nearly of its shape, was attached at one end, by a short pedicle, to the lobula of each ear; which would have answered very well as jewels, had the mother not insisted upon their amputation. The difficulty of imitation should have recommended them to the mercy of surgery.

Case 3. — This was a case of talipes varus of both feet; and the parents removed to the "Far West" too soon to admit of any attempt to remedy the deformity.

Case 4. — This was extraordinary on more than one account. It was extraordinary in that both fore-arms should be wanting, the hands being articulated to the inferior end of the humerus; but still more extraordinary that the mother should have predicted the exact species of the deformity some time before her delivery, offering as a reason for her foreboding, that a little brother, who died of dysentery some five months before her confinement, for a day or two before his death kept his hands in continual motion, with the fore-arm constantly flexed upon the humerus. In this case, the funis was not over eight inches in length, and it was with great difficulty that the ligatures could be applied.

Case 5. — In this case, soon after the rupture of the membranes and the flow of an extraordinary quantity of water, the delivery was completed by the birth of a child, exhibiting the following deformities: —

The hand, if such it could be called, consisted only of a thumb, and index finger; the other fingers, with their corresponding metacarpal and carpal bones, being absent. The thumb and finger were well formed, and the nails perfectly developed. On examination of the fore-arm, the ulna was also found to be wanting; so that the osseous organization of the fore-arm and hand consisted only of the radius, the ossa scaphoides, trapezium, and trapezoides, the metacarpal bones of the thumb and index, with their respective phalanges. The fore-arms were bent up towards the humerus, and could not be extended, being held in that position by a rigid contraction of the skin and muscles at the

flexure of the elbow. The organs of generation presented the following malformation: A little fulness of the skin, upon and below the pubes, constituted what I ventured to call the rudiment of a scrotum. The usual site of the penis was occupied by a membranous tubercle, about the size and shape of a large pea, attached by a base of not quite its own diameter. Turning up the tubercle, upon its inferior surface, and partly in its base, a small orifice was found, which proved to be the entrance into the urethra, as a probe, properly bent, passed readily through it into the bladder.

Illegitimate Children. — Of the whole number of children (1,797), 17 were born out of wedlock; furnishing a ratio of 0.94 per cent. Of the mothers, two were widows, one of 36 and the other of 38 years of age. The remaining 15 had never been married; and of these, one was 43, one was 32, years of age; and all the rest were under 22 years of age.

Obstetrical Operations. — Although I have met with but very few cases of midwifery requiring the assistance of art for their completion, still I have thought proper to give them a passing notice in this connection.

1. *Induction of Premature Labor.* — I have had but two cases in which I recommended the induction of premature labor. In the first case, it was proposed on account of great deformity of the pelvis; being the

case heretofore referred to, in which the oblique as well as the antero-posterior diameter was shortened, and in which craniotomy had been performed in four successive deliveries. The induction of labor in the seventh month, it was thought, might possibly preserve the life of the child, or at least save the mother a portion of the great suffering she had always experienced. The opportunity, however, was lost, as the patient removed to a distance before the proposed period of interference had arrived. In the other case, it was suggested as a means of saving the child, which had perished in the eighth month in five consecutive pregnancies. Accordingly, toward the close of the seventh month, the membranes were ruptured, and the liquor amnii evacuated. Labor succeeded in the course of the next twenty-four hours; and the woman was delivered of a healthy female child, weighing 7¼ lbs. In every one of her miscarriages, the placenta was found unusually small, and of a much denser structure than common; and it was to this diminished size, and abnormal organization of the placenta, that I attributed the death of the children, and their premature expulsion.

2. *Version.* — I have performed the operation of turning the child, and delivering by the feet, in but three instances, — once in a presentation of the arm, and twice in cases of placenta prævia. In the case of arm presentation, and in the first of the cases of placenta prævia, the children were saved. In all the cases, the membranes were intact at the commence-

ment of the operation; and, in all, anæsthesia was induced by the use of chloroform, to the extent of abating, in a great measure, the susceptibility to pain. After the children had been turned, and the foot (in no instance were both feet brought down) had been drawn into the vagina, but little force was employed for the completion of the delivery, especially while the hips were passing the external organs. In every case, the pelvis of the mother was roomy; nor did the uterine contractions cease, after version was accomplished, until the completion of the delivery.

TABLE LIII. — *Frequency of Version.*

AMERICAN PRACTICE.			RESUMÉ.		
Authors.	Whole No. Cases.	Version.	Countries.	Whole No. Cases.	Version.
Dr. Storer	456	2	England	42,729	167
Dr. Metcalf	1,797	3	France	37.479	400
			Germany	21.517	337
			United States	2,253	5
Aggregates	2,253	5	Total	103,978	909

The aggregates of the foregoing table furnish the following ratios: For British practice, version occurs one case in every 255; French practice, one in every 94; German practice, one in 63; and for American practice, one in 450. The ratio for the total number of the cases (103,978) is one in every 114.

TABLE LIV. — *Mortality to Mother and Child in Cases of Version.*

AMERICAN PRACTICE.				RESUMÉ.			
Authors.	Whole No. Cases.	Mothers lost.	Children lost.	Countries.	Whole No. Cases.	Mothers lost.	Children lost.
Dr. Storer . . .	2	0	1	England	106	10	64
Dr. Metcalf . . .	3	0	1	France	373		93
				Germany	63	1	25
				United States .	5	0	2
Aggregates . . .	5	0	2	Total	547	11	184

In the 174 cases of the table, in which the result to the mother was noted, we find there were 11 deaths; giving a ratio of one in $15\frac{9}{11}$. The result to the child was noted in all the cases (547); giving a ratio of one death in 2.97.

In regard to the mortality, whether to mother or child, in the operation of turning, we should remember that many times the fatality is justly chargeable to some other complication of labor than the one for which the operation was undertaken. Thus, in a case of placenta prævia, the flooding may have been so excessive, before our arrival at the bedside, that the death of mother or child, or both, should be attributed to the hemorrhage, and not to the operation.

3. *The Vectis.* — This instrument has been used but three times, and in each case to complete the delivery when the head was pressing on the perineum, and there was a remission of the uterine pains. It

was used in preference to a dose of ergot. In every case, but little traction was required; as the introduction and fixing the instrument seemed to excite the natural pains.

4. *The Forceps.* — In the 1,797 deliveries, the forceps were employed in four instances. In one case, the child was delivered by their aid after the mother was attacked with convulsions; in two cases, to assist the passage of the head through the inferior strait; and, in the remaining case, they were used after a prescription of ergot had failed to accomplish the delivery. In one of the cases, where the head was long detained in its passage through the inferior strait, it was supposed that at least some of its diameters were shortened, and that probably in a succeeding labor, should the woman become pregnant, the same difficulty would be manifested. This was not the case, however; for, in a subsequent labor, the head passed with no more than the ordinary delay, although both children were of the same weight. Of the children thus delivered, one was dead when born, and three were saved. The still-born delivery was the child of the mother suffering with convulsions. All the mothers recovered. The short forceps alone were employed.

The following table will exhibit the frequency of the operation, as reported by different accoucheurs: —

TABLE LV. — *Frequency of Delivery with the Forceps.*

AMERICAN PRACTICE.			RESUMÉ.		
Authors.	Whole No. Cases.	Forceps.	Countries.	Whole No. Cases.	Forceps.
Dr. Van Bibber . . .	4,290	144	England	45,643	126
Dr. Cock	533	29	France	44,736	277
Dr. Storer	456	8	Germany	262,224	1,702
Dr. Burwell	598	5	United States . .	7,674	190
Dr. Metcalf	1,797	4			
Aggregates	7,674	190	Total	360,277	2,295

Dr. Chatard, as quoted by Dr. Van Bibber, in commenting upon the cases reported in this table by Dr. Van Bibber, says, "As to the application of the forceps, they are evidently very numerous. The use of this instrument might have been reduced to the three-fourths; but feeling certain of not injuring the children, and desirous of abridging the sufferings of the mothers, I did not hesitate to make use of them." For the same reason, without doubt, we find a large ratio in the reports of other practitioners. Another consideration also should not be forgotten. Many of the accoucheurs, whose names occur in these tables, were gentlemen whose counsel, on account of their great skill and experience, was frequently sought in difficult cases; and thus a larger proportion than the mean of obstetrical operations will be found in the reports of their practice. The following table will exhibit the results of the operation to mother and child: —

TABLE LVI. — *Mortality to Mother and Child.*

AMERICAN PRACTICE.				RESUME'.			
Authors.	Whole No. Cases.	Mothers lost.	Children lost.	Countries.	Whole No. Cases.	Mothers lost.	Children lost.
Dr. Storer. .	8	0	3	England . .	323	14	69
Dr. Cock . .	24	3	9	France . . .	175	14	43
Dr. Metcalf .	4	0	1	Germany . .	400	21	68
				United States	36	3	13
Aggregates .	36	3	13	Total	934	52	193

The results of the table are as follows: In the 302 cases in British practice, where the result to the mother was noted, there were 14 deaths; giving a ratio of one in 21.5. In the 304 cases, where the result to the children was noted, 69 died; giving a ratio of one in 4.4. In French practice, the result to the mother was noted only in the 79 cases of Madame Lachapelle, in which 14 were lost; giving a ratio of one in 5.6. In the whole number (175) of cases, the children lost were 43; giving a ratio of one in 4. In German practice, in 400 cases, 21 mothers and 68 children were lost; giving, in the first, a ratio of one in 19; and, in the latter, a ratio of one in 5.8. The 36 cases of American practice afford a ratio, for mothers lost, of one in 12; for children lost, of one in 2.8.

The ratios for American practice, however, should be received with some abatement; as in the three cases of children lost, reported by Dr. Storer, one is marked as "some time dead;" in the nine by Dr. Cock,

in one case there was a deformed pelvis; in three cases the mother was suffering with convulsion; and, in another, the forceps were used for the extraction of the head, detained after a breech delivery, where proper manipulation would have saved the child. The child lost, among the cases reported by myself, was delivered after the mother had been many hours attacked by convulsions. Of the three mothers lost, reported by Dr. Cock, one was from placenta prævia, and two died of fever.

Craniotomy. — In the first printed book upon the subject of midwifery, entitled the "Byrthe of Mankinde, or the Woman's Book," written by Eucharius Röslin, translated into Latin about 1535, and into English in 1634, we find the operation of craniotomy thus described: "If so be," says the book, "that it lie the head forward, then fasten a hook either upon one of the eyes of it, or the roof of the mouth, or under the chin, or on one of the shoulders, — which of those parts shall seem most commodious and handsome to take it out by, — and, the hook fastened, to draw it out very tenderly, for hurting the woman. If the head be too large, it is to be opened with a sharp knife, or broken in pieces." Röslin also recommends excision of the extremities if they present, or evisceration (if the child be dead), to facilitate delivery. The work of Ambrose Parè, dated 1579, was also translated into English in 1634, and contained plates of different patterns of hooks for drawing out the child, and a knife for the amputation of the limbs.

The almisdach of Albucasis, which was a kind of forceps, with teeth, used for the purpose of crushing the head, stands as the acknowledged type of all those obstetrical instruments which the skill and ingenuity of the medical world, from the twelfth century to the present, have invented, or improved upon. Among the multitude of instruments which modern art has introduced into the practice of midwifery, the young obstetrician hardly knows where to choose; and, judging from the amount of success which has been achieved by different operators with different instruments, he is almost induced to believe, with Churchill, "that the hand which is to use the instrument is of more importance than the instrument itself."

In the delivery of the 1,797 children, the operation of craniotomy was resorted to in three instances. Once, where a child, weighing twelve pounds, had died during its impaction in the bony passage, and had made no progress, although the pains were strong, for eight hours; in a second case, where the child was dead and putrid, and the use of ergot had proved of no advantage; and, in a third case, on account of a deformed pelvis not admitting the passage of the head, without lessening its dimensions. This last is also the third case mentioned under the head "Deformity in the Mother."

TABLE LVII. — *Frequency of the Operation of Craniotomy.*

AMERICAN PRACTICE.			RESUME'.		
Authors.	Whole No. Cases.	Craniotomy.	Countries.	Whole Number Cases.	Craniotomy.
Dr. Van Bibber . . .	4,290	7	England	47,851	218
Dr. Storer	456	2	France	36,169	30
Dr. Cock	533	14	Germany	256,835	132
Dr. Burwell	598	5	United States . . .	7,674	31
Dr. Metcalf	1,797	3			
Aggregates	7,674	31	Total	348,529	411

The aggregates of the foregoing table furnish the following results: The ratio for the frequency of craniotomy, in British practice, is one in every 219 cases; in French, one in 1,205; in German, one in 1,944; and, in American practice, one in 247. In regard to the cases by Dr. Cock, in this table, it should be stated, that, of the 14 cases reported by him, but a single case occurred in his own practice, 13 being seen in consultation. Deducting these, as not properly belonging to the present comparison, and the ratio for American practice would be one in every 404 cases, instead of one in 247. An addition of the several aggregates of the table gives 348,529 as the whole number of deliveries, in which the operation of craniotomy was performed 411 times; furnishing a ratio, for its frequency, of one in 848.

TABLE LVIII.—*Mortality of Craniotomy to the Mother.*

American Practice.			Resume'.		
Authors.	Whole No. Cases.	Mothers died.	Countries.	Whole Number Cases.	Mothers died.
Dr. Storer	2	1	England	234	47
Dr. Cock	14	5	Germany	17	5
Dr. Metcalf	3	0	United States . . .	19	6
Aggregates	19	6	Total	270	58

The ratios of the foregoing table are, for British practice, one death in 4.9; in German practice, one in 3.4; and, in American practice, one in 3.1. The ratio of mortality for the whole number of cases is one in 4.6.

The smaller number of survivors after the operation of craniotomy than after the use of the forceps is to be attributed to that sacredness of human life which is held in estimation by every humane physician. He hesitates to destroy a life he cannot restore, and thus defers an operation which he finally finds to be inevitable, with the hope that the natural efforts alone, or the aid of the forceps, may accomplish the process with safety to both parent and offspring. Although the operation, in itself considered, is less dangerous than the use of the forceps, the delay in the mean time has rendered the patient more obnoxious to its fatal sequelæ. While, on the one hand, we are to remember that we should hold an operation in abeyance, by which the life of the child will be sacrificed, to the

last justifiable moment of delay; on the other hand, we are by no means to ignore the far weightier responsibility which rests on us, — never, in any case, to compromise the life of the mother. In deciding upon the point of time beyond which we should not postpone our interference, we are to be governed mainly by the following considerations: When the pelvis is so much distorted as to preclude the idea that the head can be made to pass; when the head has been long fixed in the passage, and no progress has been made under the pressure of strong and frequent labor-pains; when we are unable to fix the forceps, or, having properly and securely applied them, nothing is gained by our efforts at traction; or whenever the condition of the mother requires a completion of the process for her safety, — we are to wait no longer.

Induction of Anæsthesia in Labor. — Up to the period of the publication, in 1848, of Dr. Channing's work on "Etherization in Childbirth," I had had no experience in the use of anæsthetic agents during labor. Soon after the publication of that work, I began to use chloroform; and have been so well pleased with its effects, that I recommend its inhalation in almost every case to which I am called. I have now used it in 223 cases; and in every case, if I am called in a succeeding labor, the first question has invariably been, "Have you brought the chloroform?" In no single instance has any unpleasant consequences followed its use, and in but a single instance has the child been born when the mother was unconscious of

the fact. In this case, the effect passed off in a minute or two, the patient affirming that she had had a very pleasant dream while under its influence. In no case has delirium supervened, even for a few minutes, as we sometimes witness when chloroform has been given for other purposes. Ordinarily, I do not advise the inhalation until nearly the close of labor, when the pains are frequent and striving; though I sometimes direct it while the head is passing through the bony passage, when the pains are more severe than usual. In some cases, the inhalation has been continued, with intervals longer or shorter, as indicated by the severity of the pains, from one to three or four hours.

By a comparison of those cases of labor in which chloroform has been used, with those in which its recommendation has been overruled by the patient or her friends, or with those where prudential reasons have interdicted its use, I am constrained to believe that no inconsiderable portion of that depression of the nervous system, spoken of under the appellation of *shock*, is prevented by the induction of anæsthesia. With this belief, therefore, I feel warranted in recommending its administration: first, because it affords so much present comfort to the patient while passing through the process of delivery; and, secondly, because it greatly lessens that uncomfortable prostration, to call it by a no more opprobrious name, which, in most cases, results from the completion of that process. In the doses, I am not very particular. I take a napkin, doubled four or six times, apply it to the

mouth of the bottle, and, inverting it, hold it until I feel the chloroform coming through. After two or three inhalations, the patient is directed, the napkin being removed, to make as many full inspirations before the napkin is again applied to the mouth and nostrils. The dose of chloroform is renewed when the cloth is getting dry, unless it is thought proper to protract the interval. After a few trials, the patient is allowed to inhale *ad libitum.* I only direct when an additional dose shall be supplied. I have never used any other anæsthetic agent, either in general or obstetric practice, than chloroform. The quantity, in cases of childbirth, has varied from two or three drachms to as many ounces. Patients have been kept under its influence, more or less fully, for from ten minutes to three and four hours. In most of the cases, its peculiar anæsthetic effect has been produced in from five to fifteen minutes. Except in a single case, no patient has become entirely unconscious, or entirely insensible to pain. In midwifery, I do not intend to induce complete anæsthesia, but simply to lessen the sensibility of the patient, so that she may escape the severity of the pains. I have never met with a case of vomiting which could be attributed to the use of chloroform; nor one where there was any hysteric excitement, as is sometimes witnessed after its employment for dental and other purposes. I have met with but a single case where the uterine efforts were lessened after its employment; and, from the fact that it has been the only case, I am disposed to attribute the circumstance to some other cause,

rather than to the effect of the anæsthesia. On the other hand, I have sometimes thought the uterine contractions were rendered more regular and persistent by its administration; and am certain that it has operated in relaxing the os uteri, as well as the rigidity of the external organs.

I am aware it is objected to the use of anæsthetic agents in obstetric practice, that they should not be resorted to "merely to prevent the physiological pain" of the process of parturition. Why not? If, by the induction of anæsthesia, we can render a labor painless, or materially reduce the measure of its agonies, and the patient have as safe and speedy a recovery as though she had endured the full amount of the "physiological pain," what medical or profane logic, I ask, shall come in, with its foregone conclusions, to interdict its use? Suppose the transcendental physiology of Flourens be true, that, when the medulla oblongata is "overthrown" by anæsthesia, sudden death results; the hundreds and thousands of cases in which anæsthesia, partial or total, has been induced in obstetric practice, only prove, that, by some inexplicable condition of the parturient state, a link in the terrible catenation of sequences has been removed, so that the inevitable theoretical result never follows. And if it never follows, and, at the same time, the patient is delivered from the prostration, in some cases extreme, which is acknowledged to result from the "physiological pain," which, but for the induction of anæsthesia, she is doomed to suffer, — I ask, in all soberness, why should she be deprived of so great a

blessing? A theory, no matter how exquisitely constructed, no matter how strictly in accordance with certain preconceived physiological opinions, should not, certainly ought not, for a moment, to be allowed to hold our convictions in abeyance, when contradicted by acknowledged facts. Convinced, as I am, of the great value of anæsthesia in the practice of midwifery; that its induction is not attended with danger; that the present sufferings, as well as the dangerous sequelæ to labor, may be materially lessened by its prescription, — I cannot but express the hope, if there are those who have hitherto resisted its employment, that they will review their objections, and, finding their position no longer tenable, cheerfully adopt a practice, which, if it cannot be defended by the syllogisms of an *à-priori* logic, can summon to its aid the unanswerable arguments of facts and experience.

The almost innumerable collocations, comparisons, and ratios; the multitude of figures, "Pelion upon Ossa piled," necessary to any utilitarian elaboration of the almost infinite details of statistical analyses; the prevalent disinclination with which professional men even consent to examine the processes and results of statistical induction; the adoption of a wrong principle, or the lack of any principle at all, evident in the construction of many of the statistical tables scattered through the books, — were so many objections to be overcome in the selection of the present subject. Believing, however, that important truths may be discovered, and dangerous errors eliminated, by the process of numerical observation and comparison; that

present experience may be corrected or confirmed; and hoping that the Society might be induced to take the initiative in the institution of a systematic inquiry into the subject of obstetrical statistics in this Commonwealth, or at least that individual members might be persuaded to undertake a more definite exploration of this almost *terra incognita* of professional observation, — the present decision was made; and you have the result in the preceding pages of this discourse.

LIST OF DECEASED MEMBERS.

Admitted.	Name.	Residence.	Died.	Age.
1838.	Joseph Hawley Dorr	Philadelphia, Pa.	Apr. 13, 1855	48
1838.	Samuel S. Whitney *	Dedham . . .	June 30, 1855	40
1853.	John Colby York . .	Boston	July 13, 1855	25
1817.	Stephen W. Williams *	Laona, Ill. . . .	July 14, 1855	
1833.	Elisha Bartlett † . .	Smithfield, R.I. .	July 18, 1855	51
1845.	Peter Manning . . .	Lowell	Aug. 4, 1855	64
1832.	Augustus Robbins . .	Brooklyn, N.Y. .	Sept. 13, 1855	
1808.	Walter Hunnewell .	Watertown . .	Oct. 19, 1855	86
1832.	Henry Willard * . .	Boston	Oct. 24, 1855	54
1851.	Augustus F. Pierce .	Tyngsborough .	Oct. 25, 1855	28
1822.	Elijah W. Carpenter ‡	Bernardston . .	Nov. 28, 1855	67
1825.	Edward A. Holyoke .	Syracuse, N.Y. .	Dec. 17, 1855	
1847.	Benj. P. F. Randall .	Boston	1855	36
1843.	Joseph H. Hatch . .	Attleborough . .	1855	60
1848.	Larkin B. Coles . .	Boston	1855	
1826.	Elijah Darling . .	Roxbury . . .	1855	62
1835.	Charles Walker . .	Northampton . .	1855	52
1849.	Osman L. Huntley § .	Fitchburg . . .	Feb. 25, 1856	37
1828.	Leonard Procter . .	Fultonville, N.Y.	Mar. 8, 1856	58
1823.	Daniel Gould . . .	Malden	1856	67
1847.	William B. Bugbee .	Quincy	Apr. 2, 1856	33
1803.	John C. Warren ‖ . .	Boston	May 4, 1856	78
	Frederick Heywood .	Realejo, Cen. Am.	1856	30
1853.	Edward Layng . . .	Worcester . . .	1856	

* See Obituary Notices in Boston Medical and Surgical Journal.

† Dr. Huntington's Address before the District Medical Society at Lowell.

‡ Greenfield Gazette. Notice by Henry W. Cushman.

§ Fitchburg newspapers. Notice by Dr. Hitchcock.

‖ Notice soon to be published.

ARTICLE III.

THE

PRINCIPLES AND OBJECTS

OF THE

MASSACHUSETTS MEDICAL SOCIETY.

BY M. S. PERRY, M.D.,

OF BOSTON.

READ AT THE ANNUAL MEETING, JUNE 3, 1857.

Mr. President and Gentlemen, —

It is now seventy-six years since the formation of the Massachusetts Medical Society. The number of its members, at that time, was limited to seventy. It now has nine hundred and eighty-nine; and we may congratulate ourselves on its present prosperity, its efficient organization, and on the general intelligence of its Fellows. But has the Society carried out to the fullest extent the intention of its founders? Has it done all it could do to raise the standard of medical education? Has it been the means of elevating the moral condition of its members? Has it been instrumental in advancing the cause of medical science? Has it met the demands of society, or satisfied its own members by its organized efforts for their good?

These are questions which may naturally suggest themselves to the mind of every one present at

our annual meetings. They are questions which, within the last few years, I have heard asked not only by junior, but by senior members of the Society, who knew little of its history, its principles, or the efforts it has made for the good of the profession. But they are questions which demand a candid reply; and I have thought I could not fill up the hour you have so kindly allotted me, more profitably than by endeavoring to answer them, and by suggesting some action on the part of the Society connected with its future prosperity and usefulness.

Before we inquire what the Society has done, let us ask, What are the principles upon which it is founded?

"Show me," says an ancient author, "a man's principles, and I will write his biography." I believe that almost every man, after he has passed the meridian of life, finds his true level in society. His principles, the secret or avowed motives which have formed and moulded his character, have been tested; and he stands before the world honored and respected, or falls into his grave neglected and despised. So with a society: it must stand or fall, when its principles have had their full development. If these are true; if they have for their object the good of society, or the fullest expansion of the human intellect and character, — it will not only stand the test of time, but will command the respect of the good and wise in every civilized community.

The founders of this Society — among whom we find the names of Appleton, Danforth, Dexter,

Prescott, Rand, Warren, Stockbridge, Tufts, Welch, and Holyoke — were more than ordinary men. They saw and felt the importance of united action. Individually they could do little, except by example. Collectively they could raise the standard of medical education, exercise a controlling influence over the morals of the profession, encourage medical schools, found public libraries, and disseminate valuable publications. In 1781, they applied to the Legislature for a charter, which, with the by-laws that were subsequently adopted, contain the principles which have governed the Society from that time to the present.

In the act of incorporation which passed the General Assembly in 1781, we have the four following propositions laid down: —

1. The universally acknowledged truth, that the happiness and health of society are intimately connected.

2. That a just discrimination should be made between such as are duly educated and properly qualified for the duties of the profession, and those who ignorantly and wickedly administer medicine.

3. That the President and Fellows of the Society, or such other of their Officers or Fellows as they shall appoint, shall have full power and authority to examine all candidates for the practice of physic and surgery, respecting their skill in their profession.

4. That the prerequisites to such an examination should be a good preliminary education and a good

moral character. — This last proposition, which might fairly be deduced from the second, is announced in the By-laws of the Society.

A thorough, systematic medical education; an education that could stand the test of a rigid examination, and which was based upon a well-informed mind and a sound morality; and the protection of the public "from the ignorant and wicked administration of medicine" which should endanger the lives of the people, — are the principles of this Society. They are principles which have their foundation in truth; and they afford a platform broad enough and strong enough for the support of the Society against all the attacks of its enemies. What has the Society done to carry out these principles?

I. It has raised the standard of medical education.

We cannot form a just estimate of the good this Society has done, without glancing at the condition of the medical profession before its formation.

In the early settlement of this State, we find the clergy among the most ardent advocates for the cultivation of medical science. Many of them were successful practitioners of medicine. The Rev. John Fisk sustained a high character as clergyman and physician in Salem in 1637. Charles Chauncy, the second president of Harvard University, was a learned divine and a successful physician. He had six sons educated to both the medical and clerical professions. Dr. Nathaniel Williams, who graduated from Harvard in 1693, was a popular teacher, clergyman, and

physician. The Rev. Thomas Thacher, the first minister of the Old South Church in Boston, was a learned divine and a "beloved physician." He wrote and published the first medical work found on record in New England. Dr. Cotton Mather first informed Dr. Boylston of the fact, that inoculation of small-pox had been successfully practised in London, and advised him to introduce it into Boston; and, when the doctor was persecuted for making the attempt, he was sustained and defended by most of the clergymen in and around Boston.*

Many other names than those I have mentioned might be added to the list of those who labored, not only for the souls, but for the bodily comforts, of their fellow-men. They deserve our lasting gratitude for the efforts they made in laying deep the foundations of that general love of knowledge which characterizes the New-England mind.

Most of the leading physicians, from the settlement of Massachusetts to the time when the Society was formed, were educated in a foreign land, or gained a reputation by their experience during the revolutionary struggles. The mass of the profession were not, however, qualified for their responsible and arduous duties. Six months or a year in a physician's office, or serving an apprenticeship in an apothecary's shop; looking over a few anatomical plates; reading the works of Sydenham, Boerhaave, Brooks, Huxham, Munroe, Winslow, Sharp, and Smellie; and com-

* Most of these facts are found in Thatcher's "History of Medicine in America," and in Barry's "History of Massachusetts."

pounding a few medicines, — constituted the sum total of their medical knowledge; and yet it is quite surprising to find how many of these men, hardly educated in what at this day we should call the first rudiments of medical science, gained, by their industry and natural sagacity, an honorable reputation.

In eight years after the formation of this Society, when it had become strong in the confidence of its members, and had gained in some measure the goodwill of the public, it took the initiatory step towards its permanent foundation. It passed a By-law, requiring every physician, who wished to join the Society, to furnish certificates that he had studied three full years, with attendance on the practice of some competent physician; that he had, in addition to his medical acquirements, a good knowledge of Greek and Latin, the principles of geometry and experimental philosophy. He must also have practised medicine three years, and must give satisfactory evidence to the censors that he was worthy of their confidence. Since that time, the terms of admission have been modified at various periods. In 1803, the three-years' term of practice was abolished, and physicians were admitted upon examination by the censors, or by taking a degree of M.D. from Harvard University; and, in 1837, the Berkshire Medical School was allowed the same privilege with Harvard University. It could hardly be expected that a society as large as this should have been in operation two-thirds of a century, without committing some mistakes. I contend, however, and I think its records will show,

that, in all its doings, it has never lost sight of its first great principle. It has been harmonious in its endeavors to raise the standard of medical education. Sectional interests and personal motives have been laid aside for the good of all. It may not have done, and I think has not, all it could; but its efforts have been made in the right direction, and have been guided by the highest aims for the good of the profession.

II. It has raised the standard of *morality*. The founders of the Society did not have regard only to the intellectual or scientific attainments of its members: they allowed no man to enter it, however great his acquirements or whatever his standing, who could not bring satisfactory testimonials of good character. These were required prior to an examination; and, if they were not furnished, he was at once rejected. The founders felt, as I presume every member now feels, that the usefulness of the Society depends as much upon the moral character of its members as upon their scientific attainments. This is the only guaranty they can give the public. In this lies its safety. In knowledge alone there is not security. The physician must be presented to them a true man, true to principle. What man of common sense would knowingly trust his life one moment in the hands of an immoral physician? This Society has pledged itself, by its By-laws, to give no man its influence or support, without abundant proof of his good character. It has done more: it has provided a way by which he can be expelled from the Society, if he does

not live up to his professions and promises; and the records of the Society show how well it has carried out this principle. The By-laws say, "Any Fellow may be expelled from the Society for any gross immorality, or for any crime of which he has been convicted. He may also be expelled or censured for presenting in his own behalf, or for another, any false certificate of character, tending to deceive the public, or the censors of the Society." What more could this Society do to give character to its own body, or confidence to the public? It has endeavored to guard its avenues, so that no man can enter it who has not upon his forehead the stamp of an honest man; and no man can remain in it, however high his position in other respects, who is convicted of dishonesty or unprofessional conduct.

III. This society has done much, directly and indirectly, to advance medical science.

More progress has been made within the last fifty years, in placing medical science on a sure basis, than had been done before in centuries. If we take the "First Lines" of Cullen and Hunter on the blood, as containing all the important facts on medical subjects up to the end of the last century, we can form some idea of the rapid change. Since that time, the discoveries in physiology, in animal chemistry, in etiology, in the diagnosis and treatment of disease, and, above all, in pathological anatomy, have done much towards placing the science of medicine on an inductive basis; and, while we acknowledge our indebtedness to the French, Italian, German, and English physiologists

and physicians for the greater portion of these discoveries, we must not do injustice to the members of this Society by excluding them from the list of active searchers after scientific truths. The Reports of this Society on vaccination, on petechial fever, on mercurial treatment in acute diseases, on the treatment of diseases of the joints by blisters, on the history and nature of secale cornutum, on phlegmasia dolens, on typhoid fever, on the history and treatment of delirium tremens, on irritable uterus, on self-limited diseases, on diseases of the knee-joint, on fractures, on the detection of deep-seated matter, and on ventilation, show that the Society has not been a silent observer of the changes that are going on in the scientific world. Then, if we take the writings and discoveries of individuals who are members of this Society, and who have received from it countenance and support, we shall, I think, furnish abundant proof that the profession connected with this Society have done something directly for the advancement of medical science. Take, for example, as the result of individual effort, Dr. Ware on croup; the operation for the closure of the hard palate, by Dr. J. Mason Warren; the introduction of fusel oil, and the revival of the operation by suction of paracentesis thoracis, by Dr. Morrill Wyman; and the excellent paper, with cases upon the success of this operation, by Dr. Bowditch; the paper on diaphragmatic hernia, and the manual on auscultation, by the same writer; the method of retaining the fragments of the patella, when fractured, by adhesive plaster above and below, by Dr. Cabot; the operation

for vesico-vaginal fistula, by Dr. George Hayward; the dissertation on orthopedic surgery, by Dr. J. Henry Bigelow; the article on puerperal fever as a private pestilence; and a work on homœopathy, by Dr. Oliver Wendell Holmes; the introduction of the inhalation of ether, not to enter into the merits of its discovery, by the surgeons of the Massachusetts General Hospital; the valuable paper on ovariotomy, by Dr. Lyman; and the noble labors of Dr. J. B. S. Jackson in the department of pathological anatomy, which have given him a European as well as an American reputation; and the "Advice to the Young Physician," containing some of the valuable results of a long and useful life, by Dr. James Jackson; and the writings of Drs. Burnett and Dalton. It cannot be expected that I shall enumerate all that has been done by individual effort; but I have given the above list of discoveries and authors as an illustration of my proposition.

And, in this connection, I should do injustice to my own feelings if I omitted to mention the name of one whose eulogy has been pronounced, and whose biography is soon to appear; one whose name was more familiar to surgeons and physicians abroad than that of any other man connected with medical science in this country; one whose name appears on almost every page of the early Transactions of this Society, and who filled at various times all its important offices; one whose industry, energy, and zeal won for him an enviable reputation at home. I refer to the late Dr. John C. Warren. I think few of us can appreciate, at this day, the efforts he made to secure

to the profession an honorable reputation. We owe him and his contemporaries a debt of gratitude which we shall never repay.

Indirectly, this Society has done something to advance medical science by the zeal with which its members have confirmed by their own observations the truths that have been discovered by others. As an illustration of this statement, I will only remind my contemporaries of the enthusiasm with which our "beloved Jackson" confirmed at the Massachusetts General Hospital the discoveries of Laennec and Louis.

Well do I remember this; and if there was one circumstance more than another which impressed me, during my novitiate, with the dignity and responsibility of the profession, it was the sincerity, the care, and the truthfulness which were manifested during these investigations. From that time to the present, no sooner can Louis, Trousseau, Velpeau, Simpson, Addison, Fergusson, Stokes, or any of the distinguished physicians, surgeons, microscopists, or chemists, of Europe, announce any new discovery, than it is received here with the greatest delight, and is immediately subjected to the most rigid examination. By sending our young men abroad, by translations and reprints of foreign works, by district societies, by associations for medical observation and medical improvement, the members of this Society are indirectly doing much for the advancement of medical science.

IV. This Society has done much for the protection of the public by the prevention of disease.

It was a remark made by one of our most eminent physicians, near the close of a long and useful life, "that he could not say how much good he had done by giving medicine; but he had the satisfaction of believing, that he had done some good by his advice to his patients in regard to the means which they should take to prevent disease, and prolong their lives."

The protection of the public health, by the exposure of quackery in all its varied and multiplied forms, is one of the active principles of the Society; and, if there is one subject more than another which has brought upon the regular members of the profession the abuse of the public, it has been their united and decided opposition to dishonesty and deception. They are accused "of being prejudiced, of being jealous, of shutting their eyes to the truth, of looking through a false medium," &c.

And yet, if there is any subject upon which this Society can look with pride and satisfaction, it is its devotion to the public good. Let any contagious disease threaten the public, such as yellow fever, cholera, or typhus fever, and the regular physicians are at once active in suggesting the means of prevention, and in hazarding their own lives for the protection of the people. Self-sacrifice is the highest test of sincerity; and, if there is any marked line of distinction between the true and false practitioner, it is this. I do not know of a single example where an irregular practitioner was willing to sacrifice life or property for the public good. There may have been such; but

none have come under my observation. No: the advocates for the dissemination of hygienic knowledge, for the protection of the insane, for the establishment of schools for idiots, or for the founding of hospitals, are found only among the true lovers of medical science.

Gentlemen, I have taken a rapid survey of the principles of this Society, and of the manner in which they have been acted upon. I now come to the more important, and perhaps not less interesting, part of my subject.

What is now the duty of the Society? Has it met the demands of the public? Have its principles been carried out to the extent possible up to this time? These are questions which demand our serious attention.

I believe this Society must renew its efforts in two directions, or it will soon lose its influence and hold upon the confidence of the community, and become a useless, if not a lifeless, institution. It must raise the standard of medical education higher than it is at present, and send among the enlightened portion of the people correct notions in regard to what is true and false in the practice of medicine.

The standard of medical education is not high enough. It does not satisfy the members of this Society. It is not, as it should be, in advance of public opinion. It does not keep pace with the progress of medical science. Let us compare this standard with the highest standard in other countries.

"In Austria, the prerequisite to a medical is a liberal education. Five years are there required for the study of medicine. The course of studies and the routine of subjects are well arranged; and the student is obliged strictly to adhere to them, in the manner and according to the orders marked out to him by the board of medical directors. Students wishing to take out the degree of doctor of surgery are obliged, in addition, to attend the surgical clinique, and lectures upon the practice of surgery, during the fifth year; and, as these lectures often take place at the same hour with ophthalmic cliniques, the pupils are compelled to attend the latter in the first part of the sixth year. Those who wish to become master-accoucheurs are required to attend two additional months in the obstetric clinique. During the course of these medical terms, they are examined every six months by one of the professors, in order to ascertain what proficiency they have made; and no one can obtain the degree of doctor of medicine or surgery who has not a certificate that he has been through, and is well acquainted with, all the required studies." *

The requirements in Prussia are much the same as in Austria.

How is it in France? The course of medical study at Paris occupies four years. Before commencing the study of medicine, the candidate must be a bachelor of science, or be prepared to pass an examination in the studies required for that degree. Four times a year, he is obliged to inscribe his name on the books;

* Wilde on "Medical Institutions in Austria."

thus giving evidence that he is present during the whole year. He is required to perform a great amount of dissecting; and, during at least a year, he must serve as externe in a hospital. After a certain number of inscriptions, he is allowed a ticket to the Lying-in Hospital, and can enter, whenever notified, for practical instruction. At the School of Medicine, two courses are given annually by different sets of professors; and, in addition to these, two other courses of clinical lectures are given in the great hospitals by other professors, — one corps lecturing in winter, and the other in summer. Besides the regularly established courses, there are numerous clinical lectures given by hospital-physicians who are not professors, such as Ricord, Cazenave, &c. Courses are also given, under the sanction of the Faculty, at a series of amphitheatres attached to the dissecting-rooms, where great pains are taken to illustrate the subjects taught. The student must pass an examination at the end of each year; and, if he does not show a proper degree of proficiency, he is not allowed to continue his studies. Having completed his course, he must prepare a thesis, and place printed copies of it in the hands of the professors. He passes through five examinations: at some of these, questions are given him in writing; and he is allowed to retire to an adjoining room for twenty minutes, and prepare a reply. One of the five examinations takes place in one of the hospitals, where he is required to make a diagnosis and prognosis, and state the treatment he would

advise.* The greatest importance here, as in England and Germany, is attached to clinical instruction.

In Great Britain and Ireland, there are eight universities which grant medical degrees. The general outline of instruction and the requirements at each of these are nearly the same. They require, as a prerequisite to a medical examination, that the candidate should have a good knowledge of the Latin language; should study four years. Six months of each year must be spent in some one of the universities. He must furnish evidence that he has studied anatomy, chemistry, materia medica, and pharmacy, the institutes of medicine, practice of medicine, surgery, midwifery, and the diseases peculiar to women and children, general pathology and practical anatomy, under professors of medicine, in some of the universities, during courses of six months. He must study clinical medicine under a professor of medicine, in one of the hospitals, for six months. He must also study clinical surgery, medical jurisprudence, botany, natural history, including zoölogy, during a course of at least six months. He must have attended for at least six months, by apprenticeship or otherwise, the compounding and dispensing of drugs at the laboratory of a hospital dispensary, with a member of a surgical college or faculty, a licentiate of the London or Dublin apothecaries, or a professional druggist or chemist. He must also have attended the out-practice of a hospital, or the practice of a surgeon or physician, for at least six months.

* I am indebted for most of these facts in regard to the Paris schools to my friend Dr. H. W. Williams, who resided there for some time.

After all these requirements have been fully complied with, the candidate is subjected to a private examination; and, if he is unfit for a degree, he must study another year. If he passes this examination, he must write a thesis in Latin or English, and defend it before the Senatus Academicus.

It will be seen, by this brief outline of the requirements imposed by the highest standard of medical education in the enlightened nations of Europe, that it is far higher than with us. The preliminary education is more thorough, the time required for the study of medicine longer, there is more method in the arrangement of the studies, clinical observation is considered more important, and the examinations are more rigid. I have omitted to speak of that *class* of practitioners that are found in almost every village on the Continent, who are *permitted*, in the absence of the well-educated physician, to prescribe. For example, in Austria there is a class of practitioners (abundant specimens of which can be seen all over this country) "who are obliged by law to shave for a couple of kratzers, to exhibit the basin and striped pole, and to keep open a barber's shop. . . . These practitioners are not allowed to sell medicines; but to them are committed all the minor surgical operations, such as usually fall to the lot of apothecaries in this country. They cannot prescribe medicines, except a few simples, unless in cases of imminent danger, and when a physician or surgeon is not at hand." This class, in their acquirements, falls far below any regular practitioner in this country.

It cannot be expected that we can equal at once the highest standard of European medical education. Our republican institutions, our want of government patronage, and our sectional prejudices, will prevent, for the present at least, any concentrated national effort to effect this object. We cannot have any maximum or minimum standard. It must be one. It must be American. It cannot be European. But it can and it must be raised, or we must consent to stand on the same platform with homœopathists, eclectics, Thompsonians, spiritualists, and graduates from female medical colleges, and force our way as best we can into public favor. Public opinion and private ambition have advanced far beyond the requirements of this Society. Young men now, who seek or who expect to take the high places in the profession, are not content to stand on the platform we have erected for them. They take their degrees here, and then spend a year or two in England, France, or Germany, in finishing their education; while the unfortunate young man who has been enticed into the profession by its easy access, and who has just money enough to push himself within the requirements of this Society, stands but a poor chance by the side of his more enlightened competitor. Some peculiar local circumstances, or a mind stimulated by ambition to extraordinary efforts, can alone save him from sinking into a lower social and professional scale.

This want of a higher standard of medical education is felt throughout the whole profession in this

country. Every report which has emanated from the American Medical Association is full of recommendations and appeals to raise this standard; and almost all of the introductory and valedictory addresses delivered yearly at our medical colleges contain some eloquent passages upon the importance of educating the profession more thoroughly and systematically.

At the first meeting of the American Medical Association, in their report on medical education, we have these words: "In whatever aspect the enterprise be viewed, the mind is finally arrested by the apparently radical source of all the evils and deficiencies in the profession; viz., the imperfect education of a large part of the profession. The serious consideration of all physicians should be called to this evil; and they should be urged, by all their wishes and hopes for a better state of things, by all their aspirations for the progress and perfection of the science, and by a motive still more exalted, — their conscientious interest for the welfare of their patients, — to direct their energies towards its removal.

In its report on the same subject in 1850, in speaking of the preliminary education of the profession, it says, "Neither public nor private teachers can deny that many of their pupils come to them imperfectly and insufficiently prepared. Aside from the deficiencies which immature age almost necessarily implies, it cannot be gainsaid, that a considerable number of medical students in this country enter upon their professional education with a limited amount of preliminary training."

In the report of the Association, published in their Transactions at their last meeting in 1856, we have these words: "No one will deny that the standard of medical education in the United States is too low; that the license to practise is granted on the faith of attainments far too limited for the good of the profession or the public. But how to prevent this, in a country where laws are made by uncultivated and untutored minds, is the great and insurmountable difficulty."

It is not necessary for me to accumulate evidence to prove that a higher standard of medical education than the present is necessary. The enlightened members of the profession call for it; the public demand it. But how this is to be done is a difficult question. It cannot be done by sending out able reports upon the subject. These may prepare the way. It must be done by the united and decided action of some corporate body, which has the power to admit members into its fellowship if worthy, and reject them if not. The medical schools say it cannot be done by them. They are too numerous; the competition is too great between them; the professors are too dependent upon the students for a support. If Harvard Medical College raises its standard, the student can go into some other State, and graduate where it is low. There must be an agreement between all the schools, if they accomplish this change. Upon this we can found no reasonable hope. The change cannot be effected by the American Medical Association. This body has not the power: it can do no more

than it has done. It has shown, by its able reports, the importance of a change; and, if it ceases to exist hereafter as a national association, it will deserve our gratitude for what it has already done towards effecting the great objects for which it was organized. But how can this change be brought about? Where shall it begin? Gentlemen, let it commence in this Society. Let the Massachusetts Medical Society have the honor of setting the example, and other State societies will soon follow. Let it carry out the great principle, upon which it was founded, to its fullest extent; and it will receive, as it did when it was formed, the united support of every enlightened citizen of this Commonwealth. It will be seen, by the requirements for membership to this Society, that it has not advanced one iota for the last half-century; while the science of medicine has kept pace with kindred sciences, and has advanced step by step, until it has placed itself on a solid foundation. This should not be. It must, in its demands, keep up with the progress of medical knowledge, or all its adhesive properties will not save it from entire decay. Great changes cannot be made suddenly, without some danger. But there are two which I think it can make, and in my opinion must make: —

1. It can require four years' study from those who are not graduates from some college, one year of which should be spent in the study of those subjects intimately connected with medical science, such as botany, comparative anatomy, vegetable physiology, &c.

2. It can appoint at its annual meeting an independent committee, selected from among its most intelligent members, who shall quarterly or semi-annually, at such places as they may select, examine every physician, whether a graduate or not, who applies for admission into the Society. If the candidate is found deficient in any one of the required studies, he should be rejected until he can pass such examination.

This committee would, of course, take the place of the present censors; and I might, if I had time, give you strong reasons for this change: but they will readily suggest themselves to the mind of any one who will give the subject a moment's reflection.

It will at once be asked how these changes can be made, when, according to the present act of incorporation, any man who has a degree of M.D. from the Harvard or Berkshire Medical Schools can become a Fellow of the Society, without passing through the formalities of an examination. It cannot be done without an alteration of the charter, and an entire separation from these schools. This must be done, or you cannot move one step. There never was a greater mistake made by this Society (and I say this with all deference to those who brought about this coalition) than that of admitting graduates from these schools into their fellowship, without an examination. The moment this privilege was granted, a blow was levelled at its independence, from which it can never recover until it has retraced its steps. It opened the door for men to enter who could practise upon the

principles of any new doctrine; could slander the members of the Society as much as they pleased, and set at defiance its power. Let us examine the operation of this alliance for one moment. Let us take, for example, the requirements of Harvard Medical College, and their practice of giving degrees, and compare them with the requirements of this Society. And, in doing this, I am not disposed to find any fault with the College; for I think its requirements are as great, and the examinations as rigid, as at any school in the United States; and I think, if sustained by the opinion of the profession at large, the professors would gladly raise the standard of their requirements. But what says Harvard Medical College? If the candidate for an examination has not received a university education, he shall satisfy the Faculty of Medicine in respect to his knowledge of the Latin language and experimental philosophy. What says this Society? The candidate for fellowship to this Society "shall have such acquaintance with the Latin language as is necessary for a good medical and surgical education, and shall have acquired the principles of *geometry* and experimental philosophy." And then, in a note explanatory of what it means, it says, "It is understood that he be able to translate the Select Orations of Cicero, the Æneid of Virgil, or the medical writings of Celsus, and the formulæ of the Pharmacopœia of the United States; and that he have a knowledge of Euclid, Pierce's or Loomis's Elements of Geometry; also of Golding Bird's or Olmsted's Natural Philosophy, or the Cambridge Course of Physics." Har-

vard Medical College says it cannot go behind its charter, and must examine any man who presents himself with the proper certificates; and I understand, that in the examinations of candidates, if they pass in five or six of the required studies, and fail in one or two, they are allowed to have their degrees. What says this Society? "The censors should satisfy themselves, by examining applicants, that they have pursued a course of study *fully* equal to that prescribed by this Society."

A man presents himself to the faculty of Harvard Medical College with his certificates, and passes an examination. He tells them that he intends to practise homœopathy or Thompsonism, or any *ism* of the day; and they cannot refuse him a degree; and, if he applies to this Society for membership, he must be admitted. What says this Society? In a recent act, it sustained the censors of the Suffolk District, when they rejected a man *because* he acknowledged that he was opposed to the principles of this Society, but sought admission into its ranks on the ground that it would secure him the confidence of the community.

This Society may send out as many reports as it pleases, and advise its members to hold no communion with pretenders. The mischief is done when they are admitted into the Society. Expel them, and you raise the cry of persecution. Call them irregular practitioners, and they show you their diplomas. This Society is alone responsible for its connection with the medical schools. When it was proposed to have graduates from the medical schools enter the

Society without an examination, the Society had the power to accept or reject the proposal. If you will examine the reports and records of the Society, you will find that the alliance was not formed without decided opposition. The Society is alone responsible, if it allows this state of things to continue. But, if the schools and this Society hold the same relationship hereafter that they do at present, these conflicting elements must, in some way, be harmonized. The only way to protect this Society is to divorce it from the schools, to raise its standard of requirements, to examine every candidate in all branches of medical science, and to infuse into its ranks the spirit of united and determined action. I believe this course would be better for the schools. It would stimulate them to greater exertion, and inspire them with a spirit of pride and emulation.

2. This Society should carry its principle of protecting the public from the prevalence of false notions further than it has.

There is not, I presume, an honest or intelligent physician in this Society, aside from his own interest, who does not often sicken at the thought of the imposition that is practised upon the people at this time. The literature of the day, and the public press, would seem at times to be all on the side of quackery. Occasionally, however, he finds in some periodical a paragraph which gives him a ray of hope. It quite cheers him on his way, and sends a thrill of comfort to his soul. It runs thus: "In our advocacy of liberal thought, and in our exhortation for reform,

we must not forget that science is unchanged and everlasting; that the discoveries of Hippocrates were as real, and remain as true to this day, as the discoveries of Euclid. There is progress in medical science; but it is found only among the body of honest and well-informed physicians: it does not overthrow what is true in the past. When I go to a new school of medicine in case of sickness, I shall take with me Seba Smith and S. E. Coules, in place of Euclid and Newton; and bow before Mormon plates, instead of turning to the Four Gospels." What is true in science is unchangeable; what is true in principle is everlasting. Spread among the people a knowledge of what is true and what is false, after having gained their confidence in your intelligence and honesty, and you lay the axe to the root of all that gives vitality to falsehood and deception.

If this Society will appoint annually, from among its most scientific and enlightened members, a committee, whose duty it shall be to report upon all subjects brought to their notice connected with the public health, and let these reports be sent throughout the Commonwealth, it will do more to arrest the progress of false notions of practice than it can do in any other way.

Let such an article as that which appeared in the "Medical and Surgical Journal" of May 7, upon the antiphlogistic salts of Dr. Coggswell, be sent throughout the State, and the learned doctor would soon be obliged to call upon his inventive genius for a "new panacea" for the people.

When homœopathy first made its appearance among us, if the Society had appointed an intelligent committee to investigate its merits, and the results of that investigation had been made public, I think we should hear little at this time of its pretended success.

And if this Society should now direct its attention to the examination of that new doctrine which passes under the name of Spiritualism, but which should rather be called Materialism, I believe it would do good service. Hundreds of individuals are prescribed for daily in the city of Boston by the media; and hardly a day passes that I do not hear of some new convert.

How much of truth there may be in this new doctrine it is impossible for me to say; but I am convinced, from what I have seen, that there is so much error and deception in its various manifestations, that its tendency is to subvert the principles of the Christian religion, and arrest the progress of scientific investigations. It seeks inspiration from departed spirits, and sets at defiance the accredited truths of philosophy. Such, however, are its pretended claims, that it should be subjected to a most rigid examination. I know that one gentleman in this Society, — now, I am happy to say, its President, — whose clear head and logical powers inspire us with the greatest confidence, has investigated this subject, and has given his impressions to the world. But if this Society, through a large committee, would continue these investigations, and send out its report with authority, it would produce a still greater effect.

Gentlemen, I have, in the hour that is allowed for this portion of our annual meeting, given you a brief sketch of the principles of this Society, of the manner in which these principles have been carried out; and have stated, in as distinct a manner as possible, what I consider the duty of this Society to be at the present time. In what I have said, I may not have brought my ideas before you in as clear a light as they have in the course of my examinations been presented to my own mind: but I am strong in my convictions, that this Society has its foundations in truth; that its efforts have been made in the right direction; and that if it will continue to extend these principles from time to time, as science advances and public opinion demands, it will stand through all the changes of time, "through good report and through evil report," a noble monument to the sagacity of its founders, and a lasting honor to those who now sustain it.

By a Vote of the Councillors, May 25th, 1858, each Fellow is requested to fill up the blank prepared for the returns of Zymotic diseases, at the end of the book, and forward the same to the Secretary of his District Society on or before the 9th of January, 1859. [See page 83.]

JOHN B. ALLEY,

Recording Secretary.

ARTICLE IV.

INVESTIGATIONS

UPON THE

SUBJECT OF VACCINATION.

BY HORATIO ADAMS, M.D.

OF WALTHAM.

READ AT THE ANNUAL MEETING, MAY 26, 1858.

Mr. President and Fellows of the Society:

In accordance with our time-honored custom, we are assembled here to-day, from all parts of our Commonwealth, to celebrate the anniversary of this our cherished Society, to perpetuate its existence, and, if possible, extend its boundaries, that its beneficent influences may be more widely felt and enjoyed, — to lay aside our professional toils and duties, to renew our acquaintance, to indulge in the expression and interchange of kindly and social feelings; in a word, to keep bright that chain of friendship which binds us together, and makes us not only happier, but better men and better physicians. It gives me pleasure to extend to you a cordial and affectionate welcome.

The sources of professional information are two-fold. The one is contained in the writings of our predecessors, and requires the student's first attention. The other is our own careful and well-

considered observations, which may be termed the clinical part of the physician's education. It is here he acquires a practical acquaintance with the natural history of diseases. The importance of this branch of medical education cannot be over-estimated. But if the student, I may say the physician, (for he must always be a student), has not already acquired a knowledge of the various departments of medical science, embraced in the medical literature of our predecessors, he will be incompetent to understand the teachings which the bed-side would otherwise unfold to him. It has been wisely said, that "he who does not profit by the experience of the past, must always remain in his infancy." To no subject is this remark more applicable than to the science of medicine. What could we now know of this science, if the teachings of the past had not been made our own?

We certainly owe our predecessors a debt of gratitude for the copious means of knowledge which they have transmitted to us. Have we not, then, on our part, a duty to perform to those who are to succeed us? Shall we simply hand down to them what has been so liberally bequeathed to us? or shall we add to it, and give to it the impress of our own times? I conceive it to be the bounden duty of each one of us, to do the little that in him lies to extend the boundaries of medical science. This result cannot be attained without the untiring and successive labors of the many. The experience of no one man, however extensive it may be, is alone sufficient to accomplish, to any great extent, so im-

portant an object. Yet each one can do something. His investigations, if properly conducted, will make some addition to the accumulating mass. If he would diligently and accurately investigate some one subject, the result, small though it may appear to him, would, nevertheless, add to the increasing aggregate.

It is this conviction, gentlemen, that we should all be co-workers in the accumulation of knowledge, rather than any conscious fitness or ability to lay before you any thing new, or essentially to advance our knowledge of medical science, that has impelled me to accept the honorable position, which the kindness of your officers has assigned to me for this hour.

In carrying out this conviction, I must solicit your indulgence, while I lay before you some of the results of my investigations upon the subject of Vaccination.*

The history of the discovery of vaccination, which had its origin about sixty years ago, is too familiar to you to require any notice at this time. A recital also of the zeal, industry and patient scientific research, which the immortal Jenner exhibited in connection with its discovery, of the calumny he endured, of the opposition he encountered not only among the common people, but to some extent in the profession also, and of the triumphant success which crowned his untiring efforts, would be to repeat an oft-told tale, and could add nothing to his well-

* Some of the statistics embraced in this discourse were used as the basis of a short address read before the Middlesex South District Medical Society, in April, 1857.

earned and universally acknowledged fame. The gratitude of the profession, not of his own country alone, nor of any one country, but of the entire civilized world, for this great boon to the human family, has been recently most signally expressed, by the erection in London of a bronze statue* to his memory. We hazard nothing, I think, in saying that the wish of every member of the profession who has contributed so cheerfully to this object, is, that this their testimony of respect and gratitude may be enduring as the benefit he has conferred on our race.

It cannot be denied that, within the last thirty years, public confidence has been somewhat shaken, at least in the permanency of the prophylactic power of vaccination, if not in its general efficacy as a protection against the ravages of small-pox. At the commencement of this period (1825 to 1830), the public, and, to a certain extent, the profession also, seemed fully to realize that all were not perfectly protected by it; and subsequently, this feeling was somewhat confirmed by the prevalence, I may say the epidemic prevalence, of small-pox in New England from about 1835 to 1845; during which period, many persons, who had been vaccinated, contracted the disease. The scepticism so prevalent at that time has not yet been entirely removed. Nevertheless, there is no question that vaccination has afforded, and still affords, complete protection to a

* This statue, erected by the voluntary subscription of the profession, no one being allowed to contribute more than one dollar, has been, we understand, completed within the last few weeks.

very large majority of those who have been subjected to its influence, and comparative protection and almost absolute exemption from death by small-pox to all. At the same time, it must be admitted that the operation has, in some few instances, been of no avail. Dr. Jenner early discovered this fact. This, instead of discouraging us, should make us the more desirous of ascertaining the causes of failure, that we may be able to extend to the entire human family the unquestionable benefits enjoyed by far the greater proportion of it. A candid and careful investigation of the subject may perhaps serve to elucidate some points which may have been involved in uncertainty, and possibly aid us in determining how far the occasional failures are to be attributed to imperfection in the agent itself, and how far to the mode in which it has been applied; to changes which time may have wrought in its character, and to carelessness, ignorance or neglect in its application. This should also be done for the purpose, if possible, of satisfying the public mind, and restoring that confidence in the protective power of the disease, so essential to its universal application.

It is frequently alleged that the number of instances of small-pox occurring after vaccination is proportionally greater now than formerly. Let us inquire carefully into the causes usually assigned for this increased failure in the protective power of the vaccine disease, in order to determine whether there is any foundation for the opinion, so generally entertained, that the disease has lost something of its protective energy; and then, if possible, point

out a remedy for the evil, so far as it shall be found to exist.

The causes usually assigned for the occasional failure of the vaccine disease to protect against the infection of small-pox, may be summed up under three heads.

1st, That, after a longer or shorter interval, it exerts but a very feeble if any protective influence over the system, and consequently a renewed susceptibility to small-pox infection ensues.

2d, That the stock of vaccine virus in use has become deteriorated, in consequence of its frequent transmission through the human body. And,

3d, That the operation of vaccination is not always properly performed; that virus is taken at an improper time, or from an imperfectly developed vesicle, or is inserted into the arms of those who are otherwise so far diseased as to prevent its proper development.

The first question is, does the vaccine disease, after an interval of longer or shorter duration, lose any of its protective influence over the system, and is the susceptibility to small-pox infection consequently increased?

The theory that the protective power of the vaccine disease is eliminated by time, is, I think, maintained by many able practitioners of medicine. Other distinguished physicians indirectly admit the same theory, by recommending a re-vaccination at certain stated periods. Among the more distinguished of the former, are Drs. Brown, Munro, Thomas and Copeland; among the latter may be

named Drs. Stewart, Forry, Shaffer, Losetti, and many others.

If this theory be true, the vaccine disease forms an exception to the rule applicable to all other diseases which are capable of being produced only once in the same person, as measles, scarlet fever, chicken-pox, &c. If these diseases are ever produced a second time in the same individual, it is an exception to the rule. Nevertheless, such cases do sometimes occur. So with variola, it does sometimes appear a second time in the same person; and statistics go to show that its second appearance, in some of its modified forms, is relatively about as frequent as the occurrence of the same disease after a well ascertained case of vaccination. In settling questions of this nature, however, we must rely only on well ascertained facts.

It may be well to remark, at this stage of our discussion, that it is well settled by medical experience, that a second vaccination is as good a test as small-pox inoculation, to decide whether a patient is perfectly protected from small-pox infection.

If time gradually eliminates from the system the prophylactic power of the vaccine disease, we must expect to see the susceptibility to it under a re-vaccination increased in exact proportion to that elimination; in other words, the greater the length of time which has elapsed since the first vaccination, the nearer will be the approach to a perfect vesicle under a re-vaccination.

In order to show the facts on this point, I must ask your attention to a series of observations which

have been made with great care. The results I believe to be perfectly reliable.

Several years since, the writer vaccinated all the persons at that time in the employment of the Boston Manufacturing Company, in Waltham, numbering between five and six hundred. About this period there was considerable excitement in consequence of the prevalence of small-pox — several cases having indeed occurred in that village. Consequently none were opposed to receiving the additional protection which a re-vaccination might give them; and little or no objection was made to the accomplishment of the object.

Directly from the arm of a healthy child, on the eighth day of the disease, I vaccinated, at each time, as many as could be conveniently examined on the subsequent third, fifth, eighth and tenth days. Vaccinating with recent virus, I rarely failed to have it take effect. At the same time, a record was made of the name of each person vaccinated, and also the date of his previous vaccination. This date could not always be ascertained with certainty. Some individuals could not remember when they were first vaccinated; but they could remember whether it was done in childhood or at a later period. By ascertaining the age, an approximation to the truth could always be made. The variations, if any, would be as likely to occur in one direction as the other. The appearances of each case were carefully noted down at the time of making the examinations, on the several days above indicated. The whole number of cases vaccinated was 579; of this number 89

had never been vaccinated. At the present time I shall use the recorded cases of those only who had previously received vaccination.

The facts and observations thus obtained, have been arranged in a tabular form, as follows. First, I ascertained the number of persons who had been previously vaccinated in each year, up to twenty-five years, which was the longest time that had elapsed since any one had had the operation performed. In the next place, the appearances of each case were carried into the table as they were noted down on the third, fifth, eighth and tenth days. The table will be read thus: six cases had been vaccinated one year; six of them inflamed on or before the third day, and a vesicle had begun to form on two of them; on the fifth day a yellow vesicle was formed in four cases, and a crust had matured in two; and a pointed crust had formed on the eighth day in two cases, and also in two cases on tenth day. The table goes on in like manner with all the cases in each year. [See next page.]

TABLE I.*

No. of Cases in each year.	No. of years since first Vaccination.	Third Day.		Fifth Day.		Eighth Day.			Tenth Day.	
		Vaccinated point inflamed.	Pointed Vesicle form'd.	Yellowish pointed Vesicle formed.	Crust formed, Inflammation gone.	Vesic. large, pointed; Inflammation diffused, rough and irreg.	Vesicles flat, centre depressed.	Crust formed, Inflammation gone.	Crust forming, Inflammation around it diffused and rough.	Areola forming, Vesicle flat, Crust forming in centre.
6	1	6	2	4	2	2	...	2	2	...
8	2	8	2	6	2	...	...	6	...	...
16	3	14	12	12	10	...	...	6	...	...
10	4	10	6	6	4	...	...	6	...	...
8	5	8	4	2	6	2	...	...	2	...
24	6	22	14	4	20	...	...	4	...	...
10	7	8	6	6	2	1	1	6	1	1
30	8	30	14	10	16	2	2	10	2	2
34	9	32	16	16	14	2	2	16	2	2
104	10	100	46	34	48	4	6	46	4	6
56	11	52	28	38	30	4	2	20	4	2
30	12	29	8	29	20	...	1	9	...	1
32	13	28	12	20	16	3	1	12	3	1
16	14	15	4	8	10	...	1	5	...	1
34	15	32	14	18	18	2	...	14	2	...
10	16	10	4	8	6	...	...	4	...	...
...	17	...	...	...	...	...	...	...	...	...
10	18	9	4	6	6	1	1	2	1	1
2	19	2	2	...	2	...	...	...	...	...
24	20	22	10	20	12	1	1	10	1	1
6	21	4	1	...	3	1	...	2	1	...
2	22	2	...	...	1	...	...	1	...	...
4	23	4	...	3	2	...	...	2	...	...
2	24	2	...	2	1	...	...	1	...	...
12	25	11	2	8	6	1	...	5	1	...
490										

From the first table a second has been formed, showing the percentage of cases in each year terminating on each of the days therein indicated. In this

* I have introduced into the above Table the entire record, as taken down at the time the observations were made — a portion only of which is used in this discourse.

table the disease is considered as having ended when the crust was formed, although inflammation, in some instances, still existed, but was declining.

The table is to be read thus: six cases had been vaccinated one year, 33·33 per cent. terminating on or before the fifth day; 33·33 per cent. on or before the eighth day; and 33·33 per cent. on or before the tenth day, with inflammation around the crust, diffused and rough; and so on with all the cases in each succeeding year.

TABLE II.

No. of Cases.	No. of years since first Vaccination.	Percentage of Cases terminating on or before 5th day.	Percentage of Cases terminating on or before 8th day.	Percentage of Cases terminating on or before 10th day, with Inflammation around Crust, diffused, irregular in form, and rough.	Percentage of Cases terminating on 10th day, with a flat Vesicle and regular Areola, and Crust beginning to form.
6	1	33·33	33·33	33·33	....
8	2	25	75	....	....
16	3	62·50	37·50	....	....
10	4	40	60	....	....
8	5	75	25	....	....
24	6	83·33	16·66	....	....
10	7	20	60	10	10
30	8	53·33	33·33	6·66	6·66
34	9	41·15	47·05	5·88	5·88
104	10	46·15	44·24	3·84	5·77
56	11	53·57	35·71	7·14	3·57
30	12	66·66	30	....	3·33
32	13	50	37·50	9·37	3·12
16	14	62·50	31·25	....	6·25
34	15	52·94	41·17	5·88	....
10	16	60	40	....	....
...	17	....	....	....	....
10	18	60	20	10	10
2	19	100	....	....	....
24	20	50	41·66	4·16	4·16
6	21	50	33·33	16·66	....
2	22	50	50	....	....
4	23	50	50	....	....
2	24	50	50	....	....
12	25	50	41·66	8·33	....

To show concisely what changes have taken place in the protective power of the vaccine disease, within the space of twenty-five years, a third table has been prepared, in which the cases have been arranged in quinquennial divisions, so as to present at a glance the number of cases in each division terminating on the several days therein indicated. Those terminating on the tenth day, are arranged in this, as in the last table, in two divisions (in the fifth and sixth columns), showing in the fifth column, those which, although passing on to the tenth day, did not present the appearances of the true disease. The sixth column shows the number that did present most of the characteristics of the true disease. The table is to be read thus: — 48 cases had been vaccinated from one to five years; 50 per cent. of those terminated on or before the fifth day: 41·70 per cent. on the eighth day, and 8·33 per cent. on the tenth day in the fifth column; and nothing is registered in the sixth column, or second division of cases, that extended to the tenth day; and so on.

Table III.

No. of Cases.	No. of years since first Vaccination.	Percentage terminating on or before 5th day.	Percentage terminating on or before 8th day.	Percentage terminating on or before 10th day, with inflamed surface around Crust, rough and irregular.	Percentage terminating on 10th day with a flat Vesicle, Areola and Crust beginning to form.
48	1 to 5	50	41·70	8·33	....
202	5 to 10	49·50	40·59	4·45	5·44
168	10 to 15	55·95	35·71	5·35	2·97
46	15 to 20	56·52	34·78	4·34	4·34
26	20 to 25	50	42·30	7·69	....
490	.....	52·45	38·57	5·30	3·67

By the last table it appears that, in the aggregate, 52.45 per cent. terminated on or before the fifth day after vaccination; 38·57 per cent. on or before the eighth day, and 5·30 per cent. on the tenth day, with inflamed surface around crust, rough and irregular; and 3·67 per cent. with a flat vesicle and an areola beginning to form. In the details, it also appears, that of those who had been previously vaccinated from one to five years, 8·33 per cent. had an irregular termination on tenth day; of those who had been previously vaccinated from five to ten years, 4·45 per cent. terminated irregularly on tenth day, and 5·44 per cent. on the same day, presenting the usual appearances of the true disease; of those vaccinated from ten to fifteen years, 5·35 per cent. had an irregular termination on tenth day, and 2·97 per cent. on the same day, with the regular appearances of the true disease; of those whose vaccination dated from fifteen to twenty years, 4·34 per cent. had an irregular termination on tenth day, and the same per cent. terminated on the same day, developing the outward appearances of the true disease; while 7·69 per cent. of those who had been vaccinated from twenty to twenty-five years, terminated on tenth day, but did not develope the characteristics of the vaccine disease.

In these tables I consider the susceptibility to the disease is indicated by the length of time which elapses, in each particular case, between the time of vaccination and the crusting of the vesicle. For instance, if the vesicle terminates on the fifth day, the individual shows much *less* susceptibility to the

disease, than he would do if the vesicle should pass on to the tenth day, before arriving at maturity.

Thus it appears that of all the persons who underwent a second vaccination, less than nine per cent. seemed to show, as to the time of development, any great approach to the true disease. And those who had been vaccinated from twenty to twenty-five years, did not show so large a percentage running on to the tenth day, as was shown by those who had only been vaccinated from one to five years. The least susceptibility seems actually to have existed among those whose vaccination was the most remote.

The same general fact has been observed by others. Dr. Otto, a German physician, in a paper entitled, "Remarks on Small-pox, Vaccination, &c.," says, that "of one hundred and eighty-nine persons who underwent vaccination a second time, twenty-one only seemed to give evidence of any great susceptibility to the disease," — about 11 per cent. The same author further remarks, that "the smallest number of these is actually of those in whom the first vaccination was least recent."

It appears, then, that the facts which have been adduced do not sustain the theory of the gradual elimination, by time, of the protective influence of the vaccine disease. On the contrary, they conclusively show that the susceptibility to the disease, under a second vaccination, is not greater at the end of twenty-five years, than it is at the end of one year.

The second theory advanced, to account for the recent more frequent failure of the vaccine process

to protect the system against small-pox infection, is that the virus now in use has become deteriorated, in consequence of its frequent transmission through human bodies.

No sufficient proof has ever been brought forward to establish the truth of this theory. Neither has it ever been satisfactorily shown, that the susceptibility to small-pox infection is any greater among those who have been recently vaccinated, than it is among those who underwent the operation half a century ago. Considerable difference of theoretical opinion, however, prevails upon this point; — some contending that the transit of the vaccine lymph through successive subjects does materially diminish its prophylactic power, while others, on the contrary, maintain that by transmitting the virus through a series of well predisposed children, carefully selected, it can be restored from an imperfect to a perfect state, and, with proper care, it can be retained indefinitely in that condition. We shall hereafter show, that from want of proper attention in the selection of suitable subjects to vaccinate, and proper vesicles from which to take virus, it may be, and doubtless often is, very much deteriorated. So far as we have been able to observe, if the lymph has been properly selected, and due care exercised in the choice of the person to be vaccinated, the vesicle has the same general and specific appearance now that it had thirty years ago. And the constitutional affection is believed to be as great now as it was then.

The foregoing tables conclusively prove that the

virus has not been enfeebled in consequence of its frequent transmission through human bodies, for they show that those who have been vaccinated but one year were not materially more susceptible to the disease, under a re-vaccination, than those were who had undergone the operation twenty-five years before.

M. Bousquet* maintains that "by comparing the true vesicles, which we observe after vaccination in the present day, with the descriptions and drawings left us by the original authors, it will afford results not at all favorable to the notion of the degeneration of the vaccine virus, in consequence of its repeated transmissions through human bodies;" and "on the whole," he continues, "there is no good reason for the opinion that the vaccine virus has lost any of its properties." But if, in its repeated transmissions through the human body, it has lost power, or suffered certain deteriorations impairing its original efficacy, it should not, if it were true, be urged as an objection to vaccination, since it can be so readily reproduced in all its original vigor.

The fact is probably familiar to all, that within the last twenty years it has been shown that the cow-pox can be produced by inoculating the cow with variolous matter. In the October number of the British and Foreign Med. Review, for 1839, may be found an account of Mr. Ceeley's experiment of inoculating the cow. Soon after this, in conversation with a gentleman, whom, in the words of

* In a Report made to the French Government.

another, I am privileged also to call my teacher, my physician, my friend, JAMES JACKSON, it was arranged that the writer should repeat Mr. Ceeley's experiment as soon as pure small-pox matter for the purpose could be procured. A brief account of this experiment, the first, it is believed, that was ever performed in this country with successful results, may not be out of place here.

On the 11th of January, 1840, I made several punctures with the point of a lancet under the cuticle on the right labium pudendi of two different cows; none of the punctures were sufficiently deep to draw blood. Into each of them was introduced a pointed quill well deluged with variolous matter, and allowed to remain for half an hour.

On 15th, the punctures were barely visible, but not apparently inflamed.

On 16th, two of the punctures made on the youngest cow were more distinctly visible; in drawing the finger over them, a slight hardness was felt. None of the other punctures had inflamed.

17th. These two punctures were more inflamed and a little raised, showing a pearly white, flat top, rather small.

18th. Punctures larger than yesterday, and each capped with a pearly white, flat vesicle, with centre depressed.

19th. The punctures (now vesicles) are enlarged, centres depressed.

20th. Each of the vesicles is nearly four lines in diameter; surface pearly white, flat, with centres depressed, areola not formed, slight crust in centre.

This P.M., end of ninth day of disease, punctured one of the vesicles; found cuticle thick, spongy and breaking, like what is seen when a vaccine vesicle is early punctured on the arm. Vesicle distinctly cellular. Transparent lymph oozed from the opening, with which I charged twenty quills. Cow appears perfectly well.

21st. No material change.

22d. Vesicle larger and more full, areola forming. Dipped several quills to-day; lymph pellucid. Drs. J. D. Fisher, C. Putnam and Gregerson examined the case to-day.

23d. Crust forming rapidly, areola somewhat increased in extent, three-fourths of an inch in diameter, round and regular, and somewhat raised above surrounding skin. Cow eats as usual. From this date disease rapidly subsided; a very dark crust was soon formed. On 27th, Drs. Fisher and Putnam brought me virus taken from a child vaccinated on the 21st instant, with the matter taken from this cow. The vesicle, as they both affirmed, exhibited the characteristic marks of the true cow-pox on the sixth day of the disease. Many persons were subsequently vaccinated with matter taken from this cow, and in every instance the true vaccine disease was the result.

This discovery of the identity, or rather, I should say, this proof of the identity of the vaccine and variolous diseases, is the most important fact observed in relation to the cow-pox, since the original discovery of Dr. Jenner. For if any doubt should ever arise as to the genuineness of the virus in use, or if

it should at any time be lost, as it frequently may be in certain localities, and small-pox make its appearance, it can be reproduced with certainty by inoculating the cow with small-pox virus.

Much more evidence, if necessary, could be adduced from the writings of distinguished physicians, both in England, on the continent, and in our own country, to prove how groundless is the theory, that a deterioration has taken place in the efficiency of the vaccine virus in use at the present day; but I will not occupy your time any longer on this point, but pass to the consideration of the third assigned cause of the failure of the vaccine process, to protect against small-pox infection; which is, that the operation is not always perfectly performed: either the virus is taken at an improper time, or from an imperfectly developed vesicle, or is inserted into the arms of those who are otherwise so far diseased as to prevent its proper development.

In this cause, I have no doubt, we shall find a very prolific source of the evil complained of. A very able writer, in No. XIII. of the British and Foreign Medico-Chir. Review, uses the following language: "That the indiscriminate vaccination, which has been practised in this country (England) by ignorant and unqualified persons, with little or no regard to the condition of the subject, or to the character and progress of the vesicle formed, is to be regarded as one of the main causes of the frequent failure of the vaccine process, we are fully convinced." In our own country, from the mistaken notion that vaccination, however performed, affords

complete immunity from small-pox infection, the performance of the operation very naturally, from its extreme simplicity, in many instances fell into the hands of ignorant and unprofessional persons, as schoolmasters, ministers, &c. Even fathers and mothers of families, setting aside the claims of experience and skill, conceived themselves competent to vaccinate their own children. Then, again, the saving of expense has, we have no doubt, led many to resort to this method of self-vaccination; and even among those who prefer to have the operation entrusted to competent hands, there is frequently a manifest unwillingness to remunerate the physician for any after examination into the character of the disease. Are we not, from this cause, sometimes almost forced to neglect the subsequent observation of the case? So long as so much looseness attaches to the operation, we must expect to see much impermanence of protection.

A schoolmaster, a minister, or a parent, may be competent to perform the simple operation of vaccination; but what can they be expected to know of the characteristics of the true disease, or how should they know when a vesicle is in the most perfect state for yielding a virus which would be sure to produce a true protective influence in another? And would they not be still less capable of judging when the recipient's state of health was such as to insure the most perfect development of the disease?

Are we not ourselves sometimes in fault in these matters? Are we always sufficiently cautious to draw our virus from none but perfect vesicles? Do

we always observe accurately their anatomical development, and are we always informed in respect to the essential constitutional effects? And then, again, matter taken from a perfect vesicle at too late a period, will produce a spurious disease; pus will be so far mixed with the lymph as to produce, when introduced into the arm of another, an inflamed sore, and a pustule, which will exert but a very feeble if any protective influence on the recipient.

It is to be lamented that very respectable practitioners are too often careless in drawing their vaccine lymph from imperfectly developed cases, and also too negligent in watching the disease through its natural stages, so as to ascertain whether it passes through them perfectly. Hence so many cases in which the patient considers himself secure, when he is not so.

In England vaccination is more loosely done than here. Many vaccinate themselves, or have the operation performed by incompetent persons, who are regardless alike of the state of health of the recipient, and of the character of the vesicle and the physical condition of the person from whom the virus has been drawn. Mr. Marson, resident surgeon of the Small-pox and Vaccination Hospital, London, in the very able analytical examination made by him of all the cases admitted to that Hospital for sixteen years, says, that "the protective influence of vaccination varies in degree according as it has been perfectly or imperfectly performed." And in his letter to the Board of Health, published in their report made by order of government, he also shows that the danger

of post-vaccinal small-pox is chiefly determined by the badness and insufficiency of their vaccination. He considers that the appearance of the cicatrices after a series of years, is the best evidence we can have of the perfection of vaccination. He describes a good vaccine cicatrix, as "distinct, foveated, dotted, or indented, in some instances radiated, and having a well, or tolerably well-defined edge." An indifferent cicatrix is "indistinct, smooth, without indentations, and with an irregular and ill-defined edge."

An able writer in a recent number of the British and Foreign Medico-Chirurgical Review, says: "We are rather inclined to ascribe any diminution of protective influence of the vaccine process, as due to personal carelessness in the selection of lymph, and the choice of cases, where lymph, for example, has been taken from a local vesicle developed in the absence of essential constitutional effect, and where not only the lymphy contents were impotent, but the anatomical development of the vesicle was at the same time incomplete or imperfect." Dr. Henry Ancell, of London, in reply to specific questions put by the General Board of Health, says: "One cause of imperfect vaccination is carelessness in the operation, by the use of foul or blunt instruments, producing an irritative wound, and modifying the specific influence by phlegmonous or erysipelatous inflammation. The vaccine vesicle runs a modified course; the lymph has a tendency to become quickly sero-purulent; the size, shape and tint of the areola present shades of difference obvious to a prac-

tised eye, but I believe often overlooked by the careless operator."

As a proof that vaccination should always be thoroughly and accurately performed in all its details, from the selection of the virus to the perfection of the disease, it is necessary only to refer to the army reports both of England and our own country. From the statistical report of Dr. Balfour upon the state of the British Army and Navy, where vaccination is always systematically performed, before the men are mustered into service, it appears that, during the eight years which the statistics cover, of the total number of soldiers (1,125,845), only 745 cases of small-pox occurred, or less than one-fifteenth of one per cent., or about one in 1550 persons; and among the whole number of sailors (363,370), there were 417 cases of small-pox; or about one in 900 persons. Also among the boys in the Military Asylum, who are all vaccinated, or have had small-pox, there have been 39 cases of small-pox and four deaths in 31,705 persons. It also appears that almost as many of these cases occurred in boys who had had small-pox, as among those who had been simply vaccinated. All the four deaths were in boys who had had small-pox. In the British army, vaccination is probably as accurately performed, in all its details, as in almost any other place on the globe. The result is, that less than one-fifteenth of one per cent. contract small-pox, and that in a very mild degree; while the subjects, on whom the observations were made, were frequently exposed to it under its most virulent

forms, in all climates, and often under a strong epidemic influence.

The same is true in our own army. The regulation in regard to vaccination is very positive, and most rigidly enforced. Every recruit is vaccinated before he joins his regiment. The result is, as Dr. Porter, one of the Army Surgeons, in his surgical notes of the Mexican war, writes, that "in the whole course of my service in the regular regiments of the army, from the extreme North to the tropics, I have never seen a case of variola or varioloid in man, woman, or child; and the only cases of this disease I have ever seen, were among the irregular troops, and persons over whom we had no control."

We have examined the three causes usually assigned to account for the imperfect protection afforded by vaccination against small-pox infection. We have shown that the theories of the gradual elimination of the protective power of the disease by time, and the deterioration of the virus now in use, are entirely without foundation. And we have endeavored to show, not only by our own observations, but also by those of others, that it arises principally from the faulty and imperfect manner in which the operation has been too often performed.

There is no question that there are other circumstances which sometimes influence or alter the character and protective power of vaccination. For instance, if a child receives it while teething, or laboring under any disease, there is good evidence for the belief that the vaccine disease will often be very much more imperfect than if the operation had been

performed when the child was in good health. Dr. Otto, an author already quoted, says: "From a very long and extensive practice, I am satisfied that the agency of cow-pox virus may be counteracted, not only by fevers, and other pyrexial diseases, but also by a very nervous and irritable state of the body. The period of dentition is likewise unfavorable to its success." There are probably very few practitioners who have not experienced difficulty in producing the disease effectually under these circumstances; and should they be so indiscreet as to take matter from persons thus vaccinated, it would not always produce the most perfect development of the disease in another.

The susceptibility to small-pox appears also to be increased during certain periods of an individual's life. This increased susceptibility seems not to be so much due to any deterioration or elimination of the protective power of the vaccine disease, as to some physiological changes which take place in the system during the period of maturation, for after this process has been completed, the susceptibility disappears, and the original "protectedness," as it is sometimes called, of the individual, becomes re-established. I cannot better express this fact than by quoting Dr. Marson's statement. I will remark that Dr. Marson is the Resident Surgeon of the Small-pox and Vaccination Hospital, London; and that his observations are founded on many thousand cases of which he has kept accurate notes. His statement reads thus: "But few patients under ten years of age have been received with small-pox after

vaccination. After ten years the number begins to increase considerably, and the largest admitted are from the decennial period from the age of fifteen to twenty-five; and, although progressively diminishing, they continue rather large up to thirty; and from thirty to thirty-five, they are nearly the same as from ten to fifteen; but as in the unprotected, at this period of life, the *mortality* is doubled, showing the cause to be, probably, as much or more depending on age and its concomitants as on other circumstances. In still further advanced life, the rate of mortality will be seen to increase also, as in the unprotected state; but this tendency may be in a considerable degree counteracted, there is but little doubt, by giving more attention than has hitherto generally been given to the perfection of the process of vaccination." We cannot suppose that the protective power of the vaccine disease is in any way suspended during this period of life, and then renewed at its expiration. We should rather believe that during this active stage of all the physical powers, the protection for the time was partially over-ridden, or, in other words, that during this stage of physical activity, the early vaccination was insufficient to keep pace with such rapid development, but at maturity it again assumed its control, and the original equilibrium was re-established. A re-vaccination at the age of ten or twelve would, in all probability, cover the increased susceptibility incident to this period of active physical development.

The protective power of the vaccine process appears also to be influenced by the number of vesi-

cles. Some recent observations go to show, that the protective power of this disease is somewhat in proportion to the number of vesicles formed in the individual; and it is alleged that the constitutional effect is also in the same ratio. Mr. Marson noted the protective effect by the number of cicatrices. Thus, of those who had small-pox after vaccination, and showed but one cicatrix, 7 1-2 per cent died; of those with two cicatrices, the mortality was 4 per cent; those with three cicatrices, the average mortality was 1 3-4 per cent.; and of those who had four cicatrices, the average mortality was only 3-4 of one per cent. Others have observed similar facts, which seem to prove that the susceptibility is diminished as the number of cicatrices is increased. Should we not then establish the prophylactic power of the disease more perfectly if we uniformly introduced into the system, by an increased number of punctures, more of the vaccine matter than is usually thought to be sufficient simply to produce an outward development of the disease? There is no question, in my mind, that the degree of protection, which every one experiences from vaccination, is in exact proportion to the specific constitutional effect produced.

There is scarcely a doubt that something of the kind is true of small-pox. From the limited observations I have been able to make, it appears to me there is strong presumptive evidence, though not amounting to positive proof, that those who receive small-pox by inoculation are not as perfectly protected from a subsequent attack of the same, as those who take it in the natural way. When it is re-

ceived into the system in the latter manner, we know it is much more virulent, the pocks are more numerous, and the constitutional disturbance is much greater, than when it is produced by inoculation. Is not this to be accounted for, on the ground that a much smaller amount of the poison is introduced in this artificial mode of producing the disease, than finds its way into the system when small-pox is contracted by freely breathing an infected atmosphere? Yet sufficient poison, in the former instance, is introduced to cover, in a great majority of instances, all subsequent liability to the disease, except perhaps under strong predisposing circumstances.

It is not my purpose, on this occasion, to enter upon the discussion of the question of the relative amount of disease produced by inoculation, as it is now performed, compared with the same disease produced by direct exposure to its contagious influence. I have only thrown out the hint, in the hope that some one may give to the subject the investigation which its importance demands.

Is post-vaccinal small-pox relatively any more frequent, in fact, than small-pox after inoculation? Our observations have led us to the conclusion that when, from the examination of the cicatrices, there is good evidence that vaccination has been properly performed, it is not comparatively any more frequent, than second small-pox. It should be remembered that with us, at the present day, the opportunities of observing secondary small-pox are very limited, from the fact that there are comparatively very few persons who have had the

primary disease. A careful examination, however, of the writings of others on the subject, from the time of Jenner to the present day, conclusively shows this statement to be true. I have time to refer, very briefly, to a few only of these authorities.

Dr. Ring, who wrote on cow-pox near the commencement of the present century, conclusively proves that second small-pox is very far from being rare. He does not, however, draw any comparison as to the relative frequency of this and post-vaccinal small-pox. But a report on this subject was made to this Society, in 1808, by a distinguished member,* who at the end of half a century from that day, honors us by his presence at this anniversary, in which he comes to the conclusion, that persons who undergo the cow-pox are thereby rendered as incapable of being affected by the virus of small-pox, as if they had undergone the latter disease. Dr. Barron, in his report on vaccination, made to the Provincial Medical and Surgical Association, says, "the cases of small-pox occurring after vaccination are scarcely, on the whole, more in number than those occurring after a previous attack of small-pox, and the resulting mortality so small, in the partially protected cases, as to be of little or no account in the general mass."

Sir Henry Halford, President of the Royal College of Physicians, in an official report made to the home department of his own government, uses the following language:—"Of an equal number of per-

* This report was nominally made by a committee, but was understood to be the work of the chairman, Dr. James Jackson.

sons *vaccinated and inoculated*, only so many of the former will be capable of taking the small-pox afterwards, and that in a safe degree of the disease, as are found to die of the latter." That is, as many will die of small-pox received by inoculation, as will take small-pox after vaccination.

Small-pox by inoculation is not, then, a perfect protection against a recurrence of the disease; and when it does appear a second time, it is often violent in character, and not unfrequently fatal in its result. Instances have indeed occurred where persons have died from a third and even a fourth attack of it. On the other hand, it must be admitted that there are those who do not receive perfect protection from vaccination; but if small-pox appears in these partially protected cases, it is in a very mild form, and comparatively of very little moment.

We are inevitably brought to the conclusion that the protective power of the vaccine disease is the same now as at any former period of its history, and that any apparent deviation from this, which may have, from time to time, shown itself in the more frequent occurrence of small-pox after vaccination, is not to be attributed to any deterioration in the agent itself, but to the neglect of proper care in its application.

How is this want of proper care in the application of the vaccine virus to be obviated? We shall very briefly enumerate some of the more prominent means which have occurred to us.

1st. None but persons properly qualified should be allowed to perform vaccination. This, I am

aware, is not under the direct control of the profession. Individual members can do no more than advise the employment, in all instances, of persons fully competent to perform the operation, and point out the evil consequences of deviations from this course.

2d. Every physician, when called upon to perform vaccination, should make it a part of his duty always to examine each case, as often as may be necessary, to satisfy himself that the disease has been properly developed. To enable him to do this, he should consider this attention to the progress of each case, as coming under the head of professional services; if we treat the subject as one of importance, the people will soon learn to take the same view of it.

3d. Great care should always be exercised to take the virus from none but perfectly developed vesicles, possessing the characteristics of the true vaccine disease. To this end, physicians should study thoroughly the natural history of the disease, and accurately observe it through all its stages; they should watch carefully the anatomical development of the little cells, which indicate, more certainly perhaps than any other one thing, the true character of the vesicle.

4th. The existing state of health, and the age of the person, have much to do with the proper development of the vesicle. When these are at any time in fault, a re-vaccination should be resorted to at the earliest practicable period.

5th. Number of vesicles. It has been shown,

that those persons who have three or more cicatrices are more perfectly protected, than those who have but one. In this country, we have generally been satisfied if we produced but one, or at most two good vesicles. Many high authorities recommend not less than three, and some even more than that. In the present state of our knowledge, we should hardly be satisfied with less than three well developed vesicles. Then, again, it is a question, whether the protection ordinarily afforded to the individual may not be impaired by drawing the virus from these vesicles. It certainly should not be taken from more than one of them. These are questions of great importance, as has already been shown, and certainly require more accurate investigation than has yet been bestowed upon them.

On the question of frequent or occasional re-vaccination, Dr. Marson, in the paper from which we have already repeatedly quoted, says, "It probably does not afford the same amount of protection that the first vaccination, well performed, does. The great object to aim at is, to vaccinate *well* in infancy. This should be looked upon as the sheet anchor; and therefore a careless vaccination should be deprecated at all times, practised under the belief that if it fails to take effect properly, it will be of no consequence, as the operation can be repeated. By such proceeding, the vaccination often takes effect *badly*, and will never afterwards take effect *properly*."

Our own observations have led us to the following conclusions, viz.: that it is of the utmost im-

portance that the first vaccination should be performed with great care; that if the susceptibility to receive small-pox is once extinguished in the system, it remains so, and re-vaccination is superfluous. In order that we may be sure that this susceptibility is extinguished, vaccination should be repeated so long as it produces any specific effect; especially should it always be repeated when the first operation has been performed at an early age, during dentition, or when disease of any kind, or a diseased diathesis, existed. Then, as so much looseness in the manner of performing vaccination, and in the selection of the virus, has been shown to exist, it would be well always, as a matter of precaution, to re-vaccinate all who may at any time be directly exposed to small-pox. If this be done, on or before the fifth day after exposure, it will usually take precedence of, or essentially modify, that disease. This precautionary measure would, we believe, be entirely unnecessary, could we be perfectly satisfied that the above prerequisites had been strictly observed.

Gentlemen, I have, as briefly as circumstances would allow, presented to you the result of my investigation of certain questions in relation to the vaccine disease. Other questions of equal importance demand further examination, but could not be brought within the compass of this address. I trust some more able hands will perform this service.

I cannot conclude this discourse without an allusion to the events of the past year. Each of these anniversaries brings fresh accessions to our fraterni-

ty, and reminds us of others whose work is done. Since our last meeting, some, who cheered us then by their presence, have ceased from labor among the living. Some in ripe and honored age; some in the meridian of life and successful duty; others at the threshold of a career, bright with hope and promise to themselves and others. They have laid down the armor; we wear it still. May their example stimulate us to renewed efforts to alleviate the sufferings of humanity, and to prepare ourselves for that change which awaits us all; so that when we are called upon to bow before disease, from which it has been the labor of our lives to rescue our fellow beings, we may be able to do it with submission and hope, and leave examples worthy to cheer and guide those who enter into our labors.

REPORT ON THE ZYMOSES OF 1857,

AS THEY OCCURRED IN THE

MIDDLESEX EAST DISTRICT MEDICAL SOCIETY.

BY EPHRAIM CUTTER, M.D.
OF WOBURN.

The report embraces the towns of Melrose, Reading, Stoneham, West Cambridge, Wilmington, Winchester, Woburn and Burlington. The physical characters of this portion of Middlesex County are not peculiar. Based on a formation of syenite, hornblende slate, gneiss, greenstone and trap rock, the surface is uneven and considerably diversified with the usual share of New England hills and valleys. This area is well watered by ponds and perennial streams. These collections of water are not generally stagnant.

A considerable portion is cultivated. Not a small fraction is covered with forests, while some rocky and barren tracts are not wanting.

The population, in 1855, was about 18,000. The occupation is mainly the manufacture of shoes and leather, and agriculture. Some of the population may be termed semi-urban residents—those who spend their business hours in the city and their nights in the country. Since the introduction of railways this class has increased very rapidly, and their families afford many cases of disease. The general condition of the people is good. For the

most part they have a moderate competence, are tolerably well educated, and perhaps have a higher morale than the neighboring urban population.

This report includes only the Zymotics, which constitute about one-tenth of all diseases. The term is derived from the Greek, and signifies a leaven or ferment. It is applied generally to diseases "induced by some specific body, by the want of proper nourishment or by the bad quality of food"—thus including Epidemic, Endemic and Contagious complaints. The Zymoses are a very numerous class of fatal agents, producing about 29 per cent. of all the deaths in Massachusetts.* For this reason, and because of their amenability to treatment, prophylactic and curative, they were selected for the present report. The following items only, are particularized—namely, the *number* of cases as *mild*, *severe*, and *fatal*, and the *time* when they occurred.

A practising physician cares more to know *cases* and their characters, than any other particulars. *Age* and *sex* were not enumerated, though of great importance, for fear of embarrassing the notation. To multiply particulars in blank forms for registration, is to diminish its acceptability by making it a matter of too much trouble to fill it out. Perhaps the reason why registration efforts have so often failed, is that the blanks have been overloaded with details, and thus physicians, especially those in full practice, whose returns are most desirable, have dropped the whole matter, as requiring more time than could be spared. The blanks in the present case may appear meagre, but they had the advantage of being readily filled, the particulars being natural and easy to be remembered.

Several causes mar the correctness of the report, but

* 15th Registration Report of Mass., p. 232.

they occur in any like registration. (1) All cases are not reported. This happens from the remissness of physicians, from the patients being treated by irregular practitioners, and from no doctor at all being called—as occurs often in scarlatina, rubeola, varicella, &c. (2) Mistakes of diagnosis—the want of calling things by their right names. This trouble is found in all departments of society. (3) Reporting of consultation cases—one patient thus counting two or more. These are the chief sources of error in the present instance.

Some of the gentlemen have stated that their returns were not full, from the fact that a patient's name was insufficient to recall his disease. The Physician's Visiting List, of Lindsay and Blakiston, furnishes an opportunity of easy registration, which would remedy this difficulty, if the column intended for the Amount of Bill at the week's end be used for noting down the disease.

Two tables are appended. Table I. is a summary of the returns, with the percentages of Mild (M.), Severe (S.), and Fatal (F.), for each disease. Table II. is intended to show at a glance the variations in the prevalence of certain of the Zymoses. The points, on the right of the spaces, headed Jan., Feb., &c., which on the scales placed to the left, give the number of cases for the months, are connected by lines of different characters. A distinct line and a distinct scale is appropriated to each disease. By following a line from one month to another, an idea is easily gained of the prevalence of the disease indicated by the line.

Table I.

ZYMOSES, 1857.	Jan.			Feb.			March			April			May			June			July			Aug.			Sept.			Oct.			Nov.			Dec.			TOTALS.			SUM.	PERCENTAGES.		
CHARACTERS.	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F		M	S	F
Carbuncle				1	2		1				1					1	1									2		2	1		2				1		7	8		15	47	53	
Cholera Asiatica																																										
" Infantum																1	1		6	7		11	6	3	25	17	7	9	4	1		2		4	4	1	56	41	12	109	51	38	11
" Morbus	1			1	2		1			2	1		1	1		5	4		8	13		26	20		21	12		13	2			2		5			84	57		141	59·5	40	
Croup, Pseudo-Membranous			4			2		1	1	1				1	1										1	1		1	1	2				1			4	4	10	18	22	22	55·5*
" Catarrhal	3	2		10	1		5	1					6			1	2		1				2		3			2	2		7	1		16	9	1	54	20	1	75	72	27	1
Dysenteria					1					1							2		6	5	1	8	8		42	18	3	30	8	4	1						88	42	8	138	64	30	6
Diarrhœa	1			1			9	4					12	2		19			13			27	25		33	13		15	6		3			7			140	50		190	74	26	
Erysipelas	3	2		3			1	2	1				2			2						3						1	1		5		1	1	4		21	9	2	32	66	28	6
Febris Intermittens							1	1												1	1		2		1												2	4	1	7	29	57	14
" Puerperalis	1						2	1		1											1	3						1			2	1					10	2	1	13	77	15	8
" Typhoides	5	2		1				2	1	1	2		1			1	1	2	9	4		7	1	1	21	5		13	8		7	2		5			71	27	4	102	70	26	4
" Typhus									1																		1											2	2				100·
Influenza	15	8		17	22		11	6		9	18	1	17	9	2	6	4		3	2		3	4		5	7		44	16	2	30	15	1	23	8		183	119	6	308	60	38	2
Parotitis										2	1		3	4						1																	5	6		11	45	54·5	
Pertussis					2		1									3	1		2	8	1	1	2		1	5		1	6	1	7	5	2	33	13		49	42	4	95	51	44	4
Rheumatismus	5	7		3	1		3	3		3	6		2	5		3			1			1			4	1			5		2	2		5	4	1	32	34	1	67	55	43	1
Rubeola	3															1	3						1					1									5	4		9	55·5	44	
Scarlatina	23	17	3	32	4	2	18	8	5	14	7	2	9	6	3	7	10	2	3	5		3			13	1		8			18	6	2	15	4		163	68	19	250	65	27	8
Varicella								2																	1						4			4			9	2		11	82	18	
Variola																																											
Varioloid																																											
CHARACTERS.	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F	M	S	F		M	S	F

ZYMOSES, 1857.	Jan.			Feb.			March			April			May			June			July			Aug.			Sept.			Oct.			Nov.			Dec.			TOTALS.			SUM.
M — *mild.*	60	38	7	69	35	4	53	31	9	34	36	3	53	28	6	50	29	4	52	46	4	93	71	4	171	82	11	141	60	10	88	36	6	119	47	3	983	539	71	1593
S — *severe.*																																								
F — *fatal.*	105			108			93			73			87			83			102			168			264			211			130			169			1593			

*Decimals over .5 are called the next numb.; below .5, no account is made of them.

It is hoped that this report, however meagre, may be the beginning of a registration of all diseases by the Fellows of the Massachusetts Medical Society, certainly throughout Middlesex County if not the State. Such a registration, besides being a valuable contribution to human knowledge, would form a new bond of union among physicians. It would improve them in diagnosis, and it would combat quackery by showing that the regular profession is hard at work in careful observation of the march of disease.

We now proceed to remark upon some of the facts found.

Zymoses. — These amounted to 1593 cases. 62 per cent. were mild, 33·5 per cent. severe, and 4 per cent. fatal. On the whole, for the first seven months of the year, the number reported was much the same—the highest being 105 in January, and the lowest 73 in April. The healthiest months were April, May and June. These months, it will be recollected, were very wet. In fact, such was the case during the whole spring. Does not this confirm a statement made by Dr. John Ware, in a lecture at the Massachusetts Medical College in 1855–6, that wet weather is the healthiest?* From 102 cases in July, the Zymoses ran rapidly up to 264 cases in September. In October, they descended to 211 cases, and continued to go down the next month to 130, finally ending the year with a slight rise, 169 cases. September was the sickliest month. The diseases which prevailed then, taken in order according to number, were dysenteria, cholera infantum, diarrhœa, cholera morbus, typhoid fever and scarlatina. Now this month was a very pleasant, dry, and cool month. The sun rose for days in a clear sky, and set

* Dr. Ware has since remarked that this assertion was broader than the one he avowed. It must be remembered that the expression here is applied *only* to the Zymoses.

without a cloud. Fires were almost needed in houses. Still this dryness, coolness and pleasantness did not exempt September from furnishing, in this district at least, the largest number of cases of the Zymoses. This would also support Dr. John Ware's assertion. Will the mildness, that was so unusual, of the weather in the latter part of autumn and the commencement of winter, explain the less amount of disease which happened then? (Vide Table II.)

Carbuncle.—The propriety of placing this disease in the present list, may be doubted. Still, Erasmus Wilson, in his late work on Diseases of the Skin, speaks of its prevalence as an epidemic in London during 1852 to 1856, and a writer in a late number of the Lancet alludes to its prevalence there still. Number reported here, 15; 7 mild, 8 severe—the latter exceeding the former, which is unusual in this report.

Cholera Infantum.—(Vide Table II.) The number of reported cases of this disease, which from its commonness, obscurity and fatality, challenges the interested attention of every physician, was 109; 51 per cent. mild, 38 per cent. severe, and 11 per cent. fatal. For the *first five months* there was no case reported. It commenced with two cases in June. The largest number occurred in September, August next, and October next. These months were the most fatal in Massachusetts for the past eight years. In 1856, 118 deaths from cholera infantum were reported in Middlesex County, or one death in about every 1644 of population. In the present instance the deaths were about one in every 1500. The *cases* were about one in every 165 of population. The prevalence in localities cannot be estimated with accuracy; still an approximation, in proportion to the population, is as follows:—Stoneham, Winchester and Woburn. The first town had one case in every 81 of population; the second,

TABLE II. REPRESENTING THE PREVALENCE, AS REPORTED BY THE MIDDLESEX EAST DISTRICT MEDICAL SOCIETY, DURING 1857, OF

the Zymoses ————, Cholera Infantum wwwwwwwwwww, Dysenteria ----------, Influenza – – – – – –, Typhoid Fever. –|–|–|–|–|–, Scarlatina ○○○○○○○○○○○○○○○, and Fatals ✳ ✳ ✳ ✳ ✳ ✳ ✳ ✳ ✳ ✳ ✳ ✳ .

SCALES Graduated to EACH DISEASE

The lines end on the right of the spaces headed Jan. Feb. &c. at the point which on the scales gives the number of cases.

Thus— Scarlatina in Jan. ends on a point which on the scales is marked 43. So there were 43 cases of Scarlet Fever in Jan.

The same line in July ends on a point marked by the scale at 8. So there were 8 cases in July, &c. &c.

Zymoses	Cholera Infantum	Dysenteria	Influenza	Typhoid Fever	Scarlatina	Fatals
264						
260						
250						
240	49 48					
230	46					
220	44					11
210	42	63			43 42	
200	40	60	62 60		40	10
190	38	57	57		38	
180	36	54	54		36	9
170	34	51	51		34	
160	32	48	48		32	8
150	30	45	45		30	
140	28	42	42		28	7
130	26	39	39	26	26	
120	24	36	36	24	24	6
110	22	33	33	22	22	
100	20	30	30	20	20	5
90	18	27	27	18	18	
80	16	24	24	16	16	4
70	14	21	21	14	14	
60	12	18	18	12	12	3
50	10	15	15	10	10	
40	8	12	12	8	8	2
30	6	9	9	6	6	
20	4	6	6	4	4	1
10	2	3	3	2	2	

Jan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec.

Zymoses Cholera Infantum Dysenteria Influenza Typhoid Fever Scarlatina Fatals Jan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec.

E. Cutter Des.

L. H. Bradford & Co's Lith.

one in 82; the third, one in 116. These estimates are only approximatively true. Stoneham is higher and drier than Winchester. Woburn is more elevated than Winchester. It is very well watered. Winchester is unusually supplied with ponds, and has a large quota of semi-urban residents and well-to-do farmers.

Cholera Morbus.—141 cases; 59·5 per cent. mild, and 40 per cent. severe. It is reported in every month, but prevailed in the warm months. In July, the severe cases predominated. The largest number of cases occurred in September.

Pseudo-Membranous Croup.—4 mild, 4 severe, and 10 fatal cases reported. This is the only Zymotic, in the present report, in which the deaths exceeded the mild and severe, singly and collectively.

Spasmodic Croup.—Out of 75 cases, one was fatal. This shows the comparative innocuousness of the common croup, about which anxious parents are so much alarmed —as every practitioner knows.

Dysenteria.—(Vide Table II.) 138 cases; 64 per cent. mild, 30 per cent. severe, and 6 per cent. fatal. It prevailed in July, August, September and November. Nearly one half of the cases occurred in September—that clear, cool, dry and pleasant month. 3 cases were fatal in September. In October, one-tenth of the cases were fatal.

Puerperal Fever.—13 cases; 10 mild, 2 severe, and 1 fatal. If our data are correct, we might argue against the contagiousness of this fever, as it is reported in isolated periods—viz., January, March, April, July, August, October and November. Still, 4 of these happened to the practitioners of one town, and 4 to *one* physician (1 in March, 1 in April, and 2 in August). So that the report might be turned to either side of the question. One gentleman who reported three cases, stated that they all had metritis.

Erysipelas.—32 cases, of which 2 were fatal. It was most prevalent at the beginning and close of the year. The deaths occurred in March and November. Cases of erysipelas and puerperal fever did not occur contemporaneously in one man's practice.

Typhoid Fever.—(Vide Table II.) 102 cases; 70 per cent. mild, 26 per cent. severe, and 4 per cent. fatal. Thus there was one death in 25 1-2 cases. "Out of 140 cases observed by Louis, 52, more than 1-3, were fatal; while in 134 treated by M. Piedaguel, there were 19 deaths, or about 1-7. In the Massachusetts General Hospital, in the year 1830, the deaths were one in three and a half; in 1831, one in fourteen and a half; and in 1827, one in twenty-five. From November 1836, to November 1838, there were 55 cases without a death."* September furnished 26 cases—the largest number for one month. October reported 21. There was no month without a case. A physician writes—"In regard to the two cases of typhoid fever reported, I consider them both the consequence of solitary vice—both occurred in young men of 18 and 22 years."

Influenza.—(Vide Table II.) This furnished the largest number of the Zymoses—308; 60 per cent. mild, 38 per cent. severe, and 2 per cent. fatal. It was most prevalent in October.

Pertussis.—49 mild, 42 severe, and 4 fatal cases. The last quarter of the year had more than two-thirds of the whole. Of these, 46 occurred in December, none of which were fatal; while in November, out of 14 cases, 2 were fatal. With the exception of two cases in February, and one in March, the whooping cough did not occur till June. After this, it is found in every month. Dr. Condie (Dis. of Children, 4th ed., p. 366) writes, "it is most common

* Wood's Practice of Med., Vol. I., p. 342, 4th Edition.

in spring and autumn, especially when cold and damp. It has been found frequently to prevail most extensively before, during or after the occurrence of epidemic measles." This statement is supported, as since December the measles have prevailed here to an extent hitherto almost unknown.

Rheumatism.—32 mild, and 34 severe cases. The predominance of the severe over the mild, is unusual in this return. 41 cases happened in the first half of the year. The months taken in order, according to the largest number of cases, are January, December, April, May, March, September, October, February, November, June, July and August. There were 7 deaths from rheumatism, in Middlesex County, in 1856.

Scarlatina.—(Vide Table II.) 250 cases; 65 per cent. mild, 27 per cent. severe, and 8 per cent. fatal. In the first six months, 172 cases were reported, against 78 in the latter six. There were 17 deaths in the first six months, or one in ten cases. In the latter six, there were two deaths, or one in 39 cases. March was the month of greatest fatality—5 deaths being reported, or one in six and one-fifth cases. May had one death in six cases, June one in nine and a half, April one in eleven and a half, January one in fourteen and one third, and February one in nineteen. The two fatals of the latter half of the year came in November, or one death in 13 cases.

Scarlet fever, as a cause of death, stands the third on the list in Massachusetts.

Stoneham reported the largest number of cases, Winchester next, and Woburn next. Average to the population—Stoneham, one case to every 23 1-2 of inhabitants; Winchester, one to about every 28; Woburn, one to about every 117. This must be received "cum grano salis."

It is interesting to observe the parallelism between scarlatina and cholera infantum, as regards their prevalence in towns. (Vide Chol. Inf., *supra*.) One gentleman thus writes: "The case of scarlatina in December, was sporadic; a boy from Portland, Me., who came here in the cars, the disease prevailing there extensively." Another states that "the scarlatina here has been mild, and the case herewith reported as fatal was rendered so, more by a feeble, scrofulous constitution, than by the severity of the malady."

Intermittent Fever.—2 mild, 4 severe, and 1 fatal. These were all imported, it is believed. The severe were double the mild. This is unusual in the present return.

Fatals.—(Vide Table II.) Out of a total of 1593 cases embraced in this report, 71, or about 4 per cent., were fatal. September had the largest number of deaths. The following table represents the fatality of each month, proportioned to the number of cases:

January,	one	death	in	15	cases.
February,	"	"	"	27	"
March,	"	"	"	10 1-3	"
April,	"	"	"	24 1-3	"
May,	"	"	"	14 1-2	"
June,	"	"	"	20 3-4	"
July,	"	"	"	25 1-2	"
August,	"	"	"	42	"
September,	"	"	"	24	"
October,	"	"	"	21 1-10	"
November,	"	"	"	21 2-3	"
December,	"	"	"	56 1-3	"

THE ANTERIOR SPLINT

OF

DR. NATHAN R. SMITH,

OF BALTIMORE, MD.

BY EPHRAIM CUTTER, M.D.
OF WOBURN.

This splint is brought forward under the conviction that it possesses features new and worthy the attention of the surgeon. It is a recent production of its distinguished inventor, and was obtained, by the writer, on a late visit to Baltimore. It is intended for fractures of the lower extremities, and presents the following peculiarities: —

(1) It is made of iron wire.

(2) It is applied to the *anterior* surface of the limb.

(3) It is a suspensory splint.

(4) The splint does not touch the limb.

(5) It may be bent to different angles, thus giving relief by shifting the obtuseness or acuteness of the inclination of the leg with the thigh.

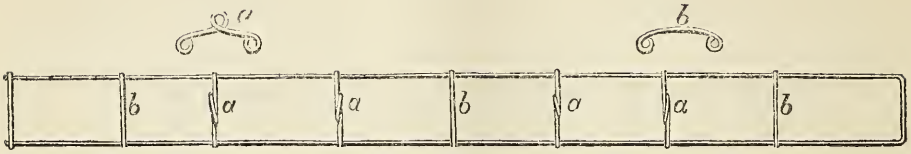
(6) The *counter-extension* is effected by the weight of the body — the *extension* by the obliquity of the suspensory cord.

(7) It is simple.

(8) It is easy.

(9) It is cheap.

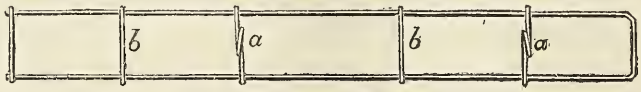
Fig. I.



Mechanical drawing from above. Anterior splint for the thigh. Scale, 3-8 in. to one foot. *a*, the transverse pieces with eyes. *b*, eyeless cross-bars, showing their slight convexity.

(1) The splint is made of iron wire about $\frac{3}{16}$ inch in diameter. There are two sizes. The larger (for the thigh) is about 4 feet long and $3\frac{1}{2}$ inches wide. The smaller (for the leg) is about $2\frac{1}{2}$ feet by 3 inches. The first is made by bending on itself at two right angles a wire, as above, 8 feet and 7 inches in length. It is then crossed by 8 transverse pieces $\frac{1}{8}$ inch in diameter, four of which are provided with eyes for the insertion of hooks. These bars are segments of a circle, in order to give a convex surface to the splint. The bars with eyes are movable. The smaller splint is similarly made, but with a shorter wire and with two bars having eyes.

Fig. II.



Mechanical drawing of the anterior splint for the *leg*, viewed from above. Scale, 3-4 in. to one foot. *a*, cross-bars. *b*, eyeless cross-bars.

(2) "Anterior Splint." This property is the distinguishing original feature of the splint, I believe. It is applied not to the posterior or lateral portions of the limb, but, as the name indicates, to the *anterior* surface. It is, in fact, an inclined plane, like many other splints; but it is an anterior, not a posterior inclined plane. For use, it is bent at three points — at one end to about a right angle, to fit the back of the foot and leg; at another point, near the middle, to an obtuse or acute

angle, to adapt itself to the obliquity of the limb at the knee joint; and at a third point, near the other end, to suit the angle made with the trunk by the thigh.

(3) It is a suspensory splint. This feature is striking, but not original. By means of a cord provided with two hooks, which are inserted into the eyes made in the transverse bars of the splint, a loop is formed. This is attached to another cord depending from some support over head, generally the ceiling. This cord, by a simple contrivance (a block of wood bored with three holes through which the string passes), is lengthened or shortened till the limb is elevated sufficiently, or to gratify the patient with a change. The limb is thus hung in air.

(4) The bandages whereby the member is confined to the splint, alone come in contact with the limb. Thus a perfect adaptation to the inequalities of the leg is attained, and a uniform support is ensured by the sling so made.

(5) The metallic nature of the splint admits of a change in its angles. It is sometimes a relief to the patient to have his limb supported in different positions. An obtuse angle of the leg and thigh may with comfort be made an acute one, and vice versa. This is done in the present instance simply by bending the splint. The same indication is fulfilled in Roe's posterior inclined splint by means of a screw.

(6) The counter-extension is made by the weight of the body, the extension by the suspending cord. The more oblique the direction of suspension, the greater the extension. By raising the foot of the bed, the patient will tend to move towards the head, and thus the counter-extension is increased.

(7) It is simple. A man of common ingenuity can fashion one. A piece of wire is merely bent on itself at

two right angles and fitted with cross-bars. The eyes in the bars are made by one turn of the wire on itself.

(8) Its ease is considerable. The patient can move in bed. He can sit up. He is made portable without displacing the fracture — for by keeping the limb suspended by the cord in the hand, an assistant can lift the patient from his bed without trouble.

The writer saw a man with fracture of the thigh at the middle third, of three weeks standing, removed from his bed in the ward and conveyed to a clinical amphitheatre some distance off, without inconvenience — his limb being supported by this splint, in the manner just mentioned. The patients treated expressed satisfaction with the splint.

(9) It is cheap. Mr. Taylor, a wire-worker of Baltimore, furnishes the splints for $1.00. This gentleman stated that it was adopted in the U. S. Navy, and that he provided the government with brass models for ships.

The splints are no longer an experiment. They have been used in Baltimore for two years.

Mode of Application. — Having bent the splint to fit the limb, and arranged the suspensory cords, the surgeon covers the splint with bandages and attaches it to the apparatus of suspension. The limb is then confined by adhesive straps passing round the splint at the ankle, knee and thigh, assistants also affording support. Rollers are then applied, the adhesive straps removed, and the operation is complete.

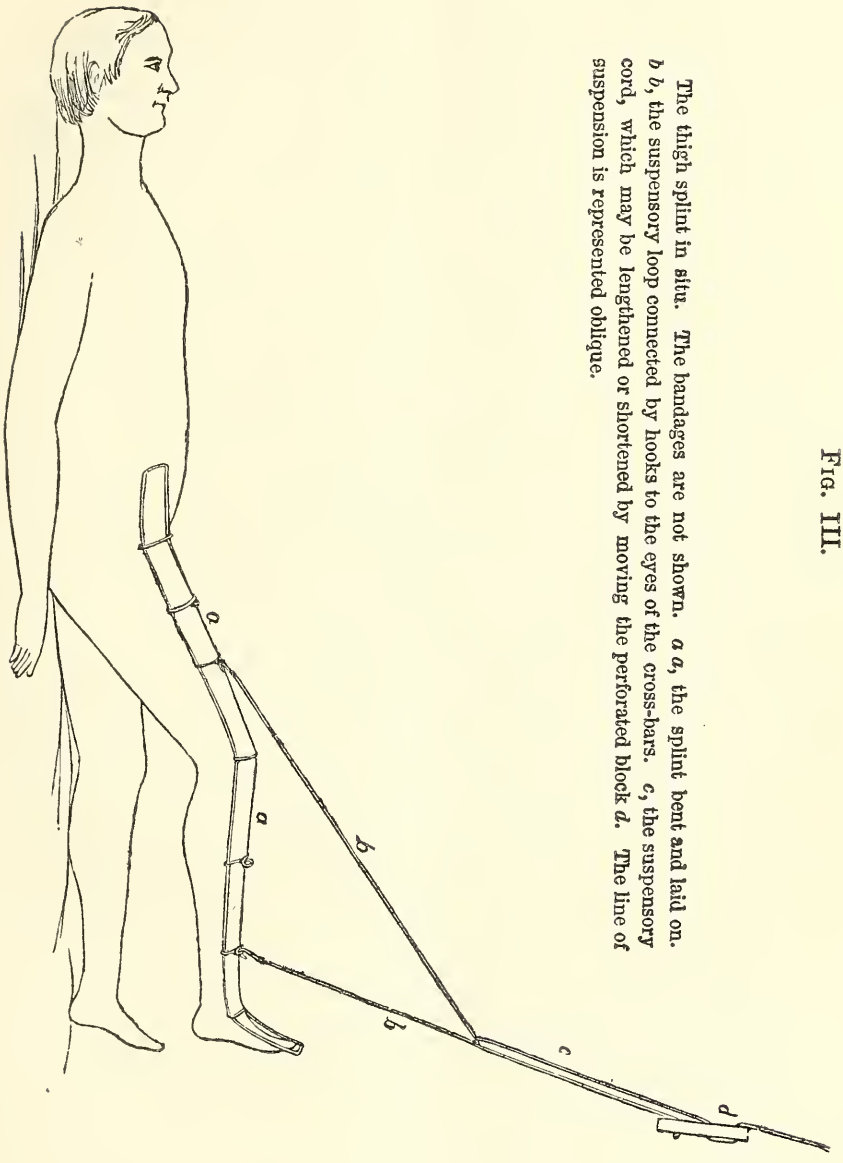
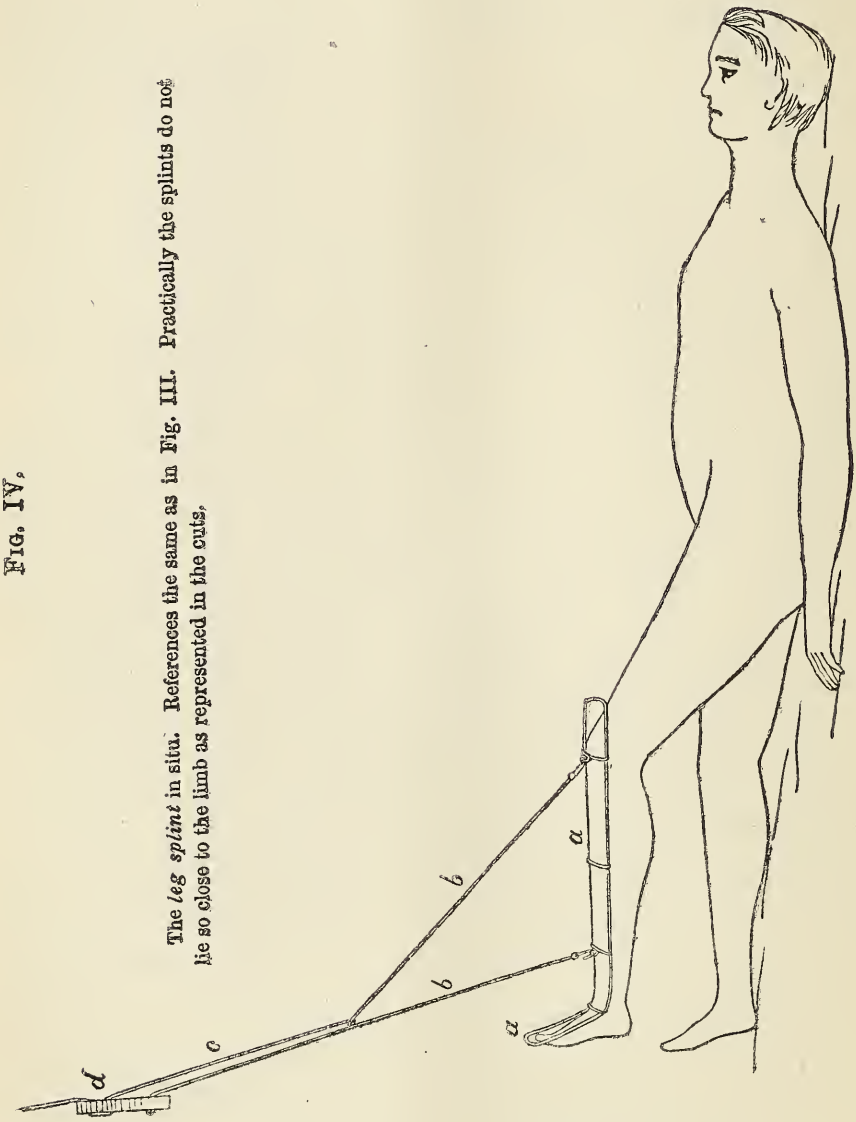


FIG. III.

The thigh splint in situ. The bandages are not shown. *a a*, the splint bent and laid on. *b b*, the suspensory loop connected by hooks to the eyes of the cross-bars. *c*, the suspensory cord, which may be lengthened or shortened by moving the perforated block *d*. The line of suspension is represented oblique.

FIG. IV.



The *leg splint* in situ. References the same as in Fig. III. Practically the splints do not lie so close to the limb as represented in the cuts.

ARTICLE V.

RATIONAL MEDICINE:

ITS PAST AND PRESENT; ITS TRUE RELATIONS TO SPECIALISTS, TO THE PARTISANS OF EXCLUSIVE SYSTEMS, AND TO EMPIRICS.

BY TIMOTHY CHILDS, M.D.,

OF PITTSFIELD.

READ AT THE ANNUAL MEETING, MAY 29, 1859.

Mr. President, and
Gentlemen Fellows of the Mass. Med. Society:

The 20th By-Law of this venerable Society provides, "That the Councillors at their Annual Meeting shall appoint some Fellow to deliver a Discourse on some subject connected with Medical Science, at the Anniversary Meeting of the Society on the next year."

I would that this unexpected, undeserved, and I may add, unsought honor, had devolved on some Fellow more competent to interest and to instruct you than myself; but cherishing, as I do, a sincere attachment to this noble fraternity, and a profound sense of the compliment paid me by its Board of Councillors, I shall do as I have ever done, in the humbler sphere of my own District Society, accept whatever duty is put upon me and fulfil it to the best of my humble ability.

It is a kindly usage to begin this hour with brief remembrance and memorial of the brethren who have fallen in our ranks, wearied with the march and battle of life, during the year. Twenty-two have rested from their labors, and their works do follow them.

Conspicuous among these, was Dr. JAMES DEANE, of Greenfield, whose loss to the profession and to science we all deplore, but whose eulogy has been already elaborately and eloquently uttered by a distinguished Fellow.

The subject which I propose briefly to discuss, is two-fold, and comprises—1st, A hasty glance at some of the *milestones* of medical progress thus far, with a rapid sketch of the present state of our science and our art; and, 2d, The consideration of the true position of the Profession and of the Society with reference to *Specialists*, to the *Partisans of Exclusive Systems of Medicine*, and to *Empirics*.

The Temple of our *Art* (and, if I mistake not, the Temple of our *Science* too) is, as you well know, at least as old as the old master-builder of Cos, who laid its corner stone 2300 years ago.

> "There every quarry lends its marble spoil,
> And clustering ages blend their common toil;
> The Greek, the Roman, reared its mighty walls,
> The silent Arab arched its mystic Halls.
> In that fair niche by countless billows laved,
> Trace the deep lines that SYDENHAM engraved.
> On yon broad front that breasts the changing swell,
> Mark where the ponderous sledge of HUNTER fell.
> By that square buttress, look where LOUIS stands,
> The stone yet warm from his uplifted hands.
> And say, O Science, shall thy life-blood freeze,
> When fluttering folly flaps on walls like these?"

But I shall not ask you to go back with me to Hippocrates, of whom one of his translators wittily remarks, we *say much* and *know little*, nor, indeed, to the era of the revival of letters; but beginning with the 17th century, we hail Fabricius, the Italian, who finds that there are *valves in the veins*—and soon after, his pupil, the immortal Harvey, makes his noble discovery of the true circulation of the blood—well termed the "rock-based foundation of modern medicine."

A few years later, comes Assellius, also of Italy, who discovers the lacteals; Pecquet, of France, the thoracic duct; and Rudbeck, a Swede, the lymphatics. Then Malpighi, an Italian, introduces "magnifying glasses" (microscopes) to facilitate the study of minute parts; and Steno, and De Graaf, and Van Horn, and Swammerdam, and Ruysch, compete with the Italian school in the cultivation of anatomy and medicine. Malpighi discovers the capillaries in 1661. Towards the close of the century, anatomical injections of the blood-vessels are invented and carried to great perfection by Ruysch. These Harvey did not have, as his laborious dissections of the vessels of the body (still preserved in the museums of the Royal Colleges of Physicians and Surgeons) yet show. Nor must we forget that Sydenham (the British Hippocrates), "the restorer of true physic," as Hume calls him, belongs to this age. This brings our hurried sketch to the 18th century —the Italian and Dutch schools in the van. In the dawn of this century, appears the famous Haller, the Father of Physiology, with his "vis insita," the

inherent irritability of animal (muscular) fibre—a brilliant discovery, which the researches of modern physiology have only confirmed. Priestley and Lavoisier share the glory of the discovery of oxygen, and of the true function of the lungs; and Monro and William Hunter each claim the priority, and *refuse to share* the honor of settling the true function of the lacteals, lymphatics, and thoracic duct, and demonstrating that they constitute one great and general system for the purpose of absorption. This was a stride equalled only by the great discovery of Harvey. Reaumer and Spallanzani and the *great* Hunter begin to unfold the philosophy of Digestion and the solvent power of the Gastric Juice. But this, you know, is but a tithe of what this great genius and hard-working observer did for medicine. We have not time for an enumeration even of his manifold discoveries in every department of our science, and his practical improvements in every branch of our art. I will only refer, as an example of each, to his doctrine and practice of Adhesion, and the improved operation for Aneurism, which still bears his name.

The preservative art of *Inoculation*, formerly practised in many countries (as appears from their traditions), had been lost in Europe, and is re-introduced from the barbarous East, by the heroism of Lady Montague, who causes her own daughter to be *first* inoculated, and is hooted and pelted through the streets of London—the unnatural mother who perilled the life of her own offspring. This was in 1721. It is introduced the same year, in the same

month, into Boston, by Dr. Boylston, who also inoculates his own children first, aided by the Rev. Cotton Mather, for which we forgive the latter a multitude of sins of bigotry. Benjamin Franklin denounces the new practice in the columns of the Courant. He was a very *young* man, the philosopher, then. Dr. Boylston's house is mobbed and sacked, and he flees for his life—"of whom the world was not worthy."

And time would fail to tell of Cheselden, and of Pott, of the Bells, and the Monros, and the Meckels—of Morgagni, the father of pathology—and of Cuvier, who declares the glories of a past and present creation. In France, too, Desault does for French *surgery*, what Hunter had done for the whole science in Britain, and the genius of his illustrious pupil, the gifted Bichat, irradiates the close of this century. Petit introduces the ligature; but in 1798 Jenner makes his grand discovery of *vaccination*, and this is the true climax of the medical progress of the 18th century. Let us make honorable mention, too, of Lind, who "while *scurvy* raged among the crews" of the English Frigates, "and corpses were daily flung out of the port-holes," investigates this other scourge, and lays down the method of prevention and cure. I have said nothing of the distinguished theorists and sect-founders, from Galen and Paracelsus to Broussais and Hahnemann; nor shall I, save that many of them have done good service to medicine, in spite of their theories.

The 19th century opens, and what shall I say of the *crowd* of laborers, with sharpened and burnished

sickles, wending their way to the whitened fields. I shall not attempt even a catalogue of them. In no period of the history of medicine has there been witnessed a progress at all comparable to that which has characterized the first half, and especially the second quarter, of this century. This was to be expected. Medicine can only improve as the collateral and tributary sciences improve. As these are perfected and applied to the study of *our* science, and as nature is more severely interrogated by better and more thorough methods of investigation, medicine *does* improve. I can only glance at some of the gains that have been made during the period we are considering.

1st, The creation of the Science of General Anatomy, the true point of departure for the cultivation of Physiology and Pathology.

2d, The application of Chemistry and the Microscope to the elucidation of these branches.

3d, The increased accuracy of Diagnosis, and this aided by a careful study of the Physical Signs of Disease.

4th, The better understanding of the nature and relations of that most extensive morbid process, Inflammation.

5th, The study of the Pathology of the Blood—the life—the "Moses" that urges on and sustains the tissues that fight; and the Chyle and the Lymph —the "Aaron" and the "Hur" that stay up his hands—"Chemical Food," by which I do not mean the contents of bottles so labelled, nor any particular combination of "superphosphates" or "hypo-

phosphites," but the doctrine, the grand idea that the pathological chemistry of the blood is to be carefully studied, with the view to antidote or eliminate what is poisonous, to reduce what is in excess, to supply what is lacking, as we do through the soil to the sap, the blood of the plant. In this direction much is to be hoped for medicine. There is philosophy as well as poetry in the fancy of Rush—"Who knows but that, at the foot of the Allegany mountain, there blooms a flower that is an infallible cure for the epilepsy? Perhaps on the Monongahela or the Potowmac there may grow a root that shall supply, by its tonic powers, the invigorating effects of the savage or military life in the cure of consumptions;" and in the prophecy of the enthusiastic Churchill, that in the mineral kingdom there shall be found substances which shall so restore to the blood its normal richness, that consumption, now the scourge of our latitude, shall become (as smallpox has become through the preservative influence of vaccination) a rare and exceptional disease.

Here, as elsewhere, Art oftenest precedes Science. Iron cured chlorosis long before Andral and Gavaret weighed the corpuscles in scales, and measured the *liquor sanguinis* in a balance.

6th, The enlargement and the intensification of the Materia Medica—the introduction of new and valuable agents, and (not less important) the reform in excessive medication.

7th, The increased knowledge of the Principles and Methods of Hygiene, and of Climatic Influences.

8th, The greater boldness, and not less, the greater conservatism of our Surgery.

9th, The discovery, and introduction into general use, of Anæsthetics.

10th, The better appreciation of Nature in Disease, and this from a better acquaintance with the Natural History of Disease. Need I remind you that "*Natura Duce*" is our chosen motto?

The members of this Society have added their massive blocks and glittering panes to the ever-ascending temple of the science of Rational Medicine. To illustrate by details, I need not go beyond matters in which they have borne an honorable part:—The improved treatment of peritonitis, ovariotomy, paracentesis thoracis by the new method; the introduction of that beautiful arterial sedative, the Veratrum Viride; the establishing of the contagion of puerperal fever—"puerperal fever a private pestilence"—and the prophylaxis that results; the introduction, if not the discovery, of one of the valuable anæsthetics; "Nature in Disease."

In Anatomy, we have seen the structure of the liver and kidney unfolded; in Physiology, the true function of the pancreas and the kidney, and measurably, that of the liver; in Surgery, practical lithotrity, silver sutures, anæsthetics, "the ready method" in asphyxia, &c.; in Obstetrics, the philosophy of menstruation, the improved (local) treatment of uterine disease, the modern treatment of puerperal peritonitis, and the more scientific treatment of puerperal convulsions; in Pathology and Practice, order educed from chaos in the pathology,

diagnosis and treatment of syphilis—*syphilis*, says Andral, a disease so systematic and orderly, that it ought, so to speak, to serve as the *key* to all pathology — the alkaline and eliminative treatment of rheumatism and gout—the pathology of tubercle, and the analeptic treatment of phthisis—the successful cultivation of specialties, those of the eye and ear, for example.

The catalogue might be largely increased; but, after all, let us frankly admit the imperfections of our science; let us admit that "there remaineth yet much land to be possessed;" let us adopt the beautiful motto of Seneca, prefixed by one of the Fellows of this Society to his excellent book:—"Multum egerunt qui ante nos fuerunt, sed non peregerunt; multum adhuc restat operis, multumque restabit; nec ulli nato, post mille sæcula, præcluditur occasio aliquid adhuc adjiciendi."

And this brings me to my second, and, I would fain hope, not untimely topic—the true position of the Profession and the Society towards Specialists, towards the partisans of Exclusive Systems, and towards Empirics.

And, 1st, Should the cultivation of *specialties* in our Profession be encouraged? I am aware that there are differences of opinion on this point in the Profession and in the Society. One eminent member of this Society commences his excellent address to the Fellows of his District Society, thus:—"I stand before you an humble advocate for the

study of Specialties in Medicine."* Another and a distinguished Fellow, in a speech brilliant with the coruscations of his own fine genius, warns us against their cultivation, and points out their narrowing tendencies as follows:—"And, in the mean time, we must not disguise it from ourselves, that causes are at work within as well as from without, that may well occasion grave thought on the part of all who are anxious that the Profession should maintain its high standing. Medical practice is breaking up into specialties, that make men skilful and narrow-minded," &c.† Is there no underlying principle which the Profession and the Society will recognize and accept as harmonizing extreme views of this matter?

The advantages attendant on *division of labor* are recognized in every other department of science and of art. Every man cannot be in and of himself a good (not to say the best, the most accomplished) astronomer, geologist, naturalist, chemist, &c. &c. Neither can he be in and of himself the best anatomist, physiologist, pathologist, microscopist, surgeon, obstetrician, oculist, aurist, and, highest of all, scientific physician. The circle of the sciences and the circle of our science have too long *radii* for this. And in an advanced state of the arts, we do not look to one and the same man as the best architect, mason, carpenter, painter, plumber, cabi-

* Dr. Collins, in the Boston Medical and Surgical Journal, Vol. XLVII., No. 23.

† Dr. Holmes. Anniversary Meeting at Springfield.—(*Springfield Republican*, June 28th, 1855.)

net maker, upholsterer, &c. &c. And, practically, neither in our science nor in our art, do we find it so. Sichel, and Guthrie, and Agnew, and Williams, lean to the eye; Kramer, and Wild, and Toynbee, to the ear; Ricord, and Acton, and Bumstead, to syphilis; Trousseau, and Green, and Bowditch, to the chest, the respiratory organs; Langenbeck, and Dieffenbach, and Carnochan, and Sanborn, to plastic surgery; Howship, and Quain, and Bushe, to the rectum; Longet, and Flourens, and Bernard, and Dalton, and Stiles, to experimental physiology; Rokitansky, and Paget, to pathological anatomy. There is, then, a place for specialties in medicine; and it is to the labors of the much-decried specialists that medicine owes much of its advance for the last fifty years.

I admit, on the other hand, that there exists the danger so graphically depicted by the Fellow I have quoted, of the narrowing tendency of their cultivation. This, indeed, must be guarded against, as he suggests, by a wide and liberal culture, and especially by a thorough grounding in the principles of the *general science* of medicine, before cultivating any *specialty* in medicine. There are two kinds of specialists—those who, having thoroughly mastered the general science of medicine, cultivate, in a scientific spirit, some particular department; and those who, all ignorant of the general science, hold themselves up as oculists, aurists, and the like. To the first class, all praise and all encouragement are due; the second are pure empirics—arrant quacks.

2d, As to the proper method of dealing with the

partisans of exclusive systems and schemes of medicine.

Medicine does improve, but it improves *slowly*. Eager minds are not content to labor and to *wait*, and to tread slowly and painfully the toilsome path of induction, and the narrow and more difficult and more dangerous path of scientific deduction in medicine. A just and almost perfect combination of the inductive and the deductive mind is a gift rarely vouchsafed to any. A HUNTER is almost a miracle; a second Hunter, in our fast age, would be quite miraculous. Schemes and systems of medicine are invented; some inchoate, modest and promising in the distant future—more complete, perfect, boastful of present results—all challenging our admiration and acceptance, all exclusive. On the extreme right, the inductive side, we have the exclusives of the "school of observation," with their Procrustean bed of the "numerical method"—on the extreme left, the deductive side, we have the exclusives of Homœopathy. The sage of quiet Misnia, in deductive Saxony, of mystic Germany, possessing himself of the universal law, "*similia similibus curantur*," announces, when he hears of the *approach* of God's dread messenger and scourge—cholera—that drop doses of the tincture of camphor are the specific. Clever Dr. Henderson heads one of his chapters—his racy chapters—"vulgar errors about the inductive method," and scouts Bacon's notion of reasoning from particulars up to generals. Aristotle was right, after all—the genius of Hahnemann has given the universal law, and from it we must reason *down*.

Between the two, with their imperfect and limited inductions, and their still more careless and hasty deductions, Priessnitz avers that the whole science consists in the right application of cold water; Botanic Thompson declares that heat is life and cold is death—and hence, as a corollary, that steam and pepper, lobelia inflata and no calomel, are the essence and the consummation of all medical science; "Eclectics," falsely so called—who, instead of selecting their remedies from the three kingdoms—nay, like the true eclectic, taking the lightning from the heavens above, and mercury from the earth beneath, and iodine from the waters under the earth, make their eclecticism to consist in the rejection of "poisonous minerals."

But of all these full-blown schemes of medicine, there are but two that I know of that possess any fascination for the cultivated and well-instructed physician. These are, the exclusive system of the partisans of the "Numerical Method," and the exclusive system of the partisans of Homœopathy. Each of these has its attractions for a different class of minds, and of each of these two I would say a few words.

1st, Of the exclusive system of the "Numerical Method." What is it? It consists, as defined by one of its ablest American advocates, in a "Numerical method of statement, analysis and appreciation of medical facts." Every man (adds the late accomplished author of the Philosophy of Medicine), "in every age, who has stated numerable facts in anatomy, physiology, pathology, or therapeutics, in *spe-*

cific numbers, has made use of the numerical method. Every observer, who counted accurately his cases of disease or any of the phenomena connected with these cases, and gave the result *in numbers*, instead of resorting to the more common and indefinite terms of 'a small number,' or 'a large number,' 'frequently,' or 'rarely,' has so far made use of this method."

This accurate and beautiful method of observation I do not stand up here to decry. It is its *abuse*, by insisting on it as the *one* and *exclusive* method in the cultivation of medicine, against which I protest. These "ultraists of the rigorous school" date the *dawn* of medical science at about 1827, when Louis —whose name I mention with the profoundest respect—published his great work on the Typhoid Affection (Fever); and the very liberal of them see a dim morning twilight as early as 1808, when Broussais—before he apostatized and set up a theory of his own—published his "History of the Chronic Inflammations." These gentlemen have no faith in Sydenham or Hunter, or any body else who has not fulfilled all the requirements of their "method." Tell one of them (usually a young man, fresh from Paris) that Dr. Nathan Smith found that, with the best treatment he could give to typhoid fever, one in ten die, he shakes his head; Nathan Smith, though an excellent observer, did not make use of the "numerical method." Tell him that M. Louis finds the mortality to be one in 9 and 7-11ths, he takes off his hat. They complacently reduce the objections to their exclusive method to three or four

heads. 1st, "Ignorance of the object for which the mathematical processes are employed;" 2d, "Self-esteem, which resists all contrivances for demolishing cherished errors;" 3d, "Indolence;" and, 4th, the very liberal add, "Reverence for the opinions of the past." Now we might say—and it would be a sufficient answer to such arrogance to say—that modesty is the badge of true wisdom; that such pretension is not without its parallels in the history of medicine. "There is more wisdom in a single hair of my head, than in Hippocrates and all the Fathers," said Paracelsus. "Quapropter *non dubito me* solvisse nobile problema dato morbo invenire remedium," said Pitcairn, a famous champion of the mechanic theory of the 17th century. "After so many vacillations in its march, medicine at length has found the *only* path that can conduct it to truth," said Broussais. "Since this art (referring to medicine) consists in a gross imitation of a dangerous and insufficient process, it must be admitted that the *true medicine* was not discovered until by *me*," said Hahnemann.

But to the point. They tell us—these exclusives of the school of observation—that "all true and direct relationships are invariable;" *e. g.*, that "a quart of blood, drawn in a given time, from the arm, will always, under the same circumstances, produce the same effect; that two grains of calomel, or a quarter of a grain of the tartrate of antimony and potassa, or one half a grain of opium, or these three substances in combination, introduced into the system, every three or six hours, will always, under the

same circumstances, be followed by precisely the same results." They repeat that "all true and direct relationships are invariable." Now we venture to say—Not so fast, gentlemen. You must allow us to put some faith in the records of such observers as our science boasts—at least till the Numerical Method shall have shown their fallacy; and, in the mean time, do not render worthless your numerical method of statement, analysis and appreciation, by vitiating its most important element. Do not exact of every poor pleuritic the pound of blood, or the swallowing of just two grains of calomel, or a quarter of a grain of the "tartrate of antimony and potassa," or the "half grain of opium," or "these three substances in combination every three or six hours." We have such tables, and I cannot but see in them an abuse of figures. You are grasping at the shadow of accuracy, and losing the substance, as much as did the mathematicians of the 17th century, with their tables of medicines accurately graduated to the squares of the constitution, and just sixty-eight pounds of bile passing through the hepatic duct in every 24 hours—a conclusion, quaintly observes Dr. Percival, "repugnant to fact and experience." The therapeutical results arrived at by the numerical method are mere *averages*, and therefore of no practical value in particular cases. A patient, it has been well said, is never an *average*, but a *case* by and of itself.*

You will observe that it is not the Numerical

* Dr. E. R. Peaslee's Anniversary Discourse, New York Academy of Medicine, 1858.

Method, but the abuse of it—that is, the *exclusive* use of it—to which I object. Let it be applied wherever and whenever it be found applicable—let us learn all we can from it; but do not confine us to it.

I pass to the second exclusive system I propose to notice—the doctrine and practice of Homœopathy. "Vita brevis, ars longa, occasio præceps, experientia fallax, judicium difficile." So reads the first axiom of the Father of Medicine; and it is as true now as it was 2300 years ago. Not so, say the Homœopathists of our day. The life of Samuel Christian Frederic Hahnemann (born in 1755, and died 1843) was long enough to establish a perfect theory of medicine. Occasions for testing the truth of the system have been ample; their experience is not deceptive; judgment in the application of the "Universal Law" is comparatively easy—"*Similia similibus curantur.*" Find the remedy homœopathic to the symptoms of the sick man, and administer it. The cure is almost certain. If there be any failure, it is not to be laid to the charge of the system; the error is in the imperfect application of it.

Let me state fairly the doctrine and practice—"*Similia similibus curantur.*" Like cures like. Find in the materia medica a drug, which, when given to a healthy person, will produce symptoms similar to those under which the patient is laboring—that is the remedy. The theory is, that such remedy acts on the diseased part by creating an analogous *medicinal* disease, which extinguishes the original one, and soon subsides of itself. Inseparably linked

with this doctrine is the complementary one, that these remedies, so acting, are to be given in very minute and generally infinitesimal doses—else the "medicinal disease *persists*," and the last state of that man is worse than the first. Now we object to this exclusive system—

1st, That it ignores the very existence of the "vis medicatrix naturæ," the tendency and the capacity, under favorable conditions, with which a kind Providence has endowed every organ, and the totality of the organs composing the system, to return to a healthy structure and function, when these have been impaired or deranged. Hahnemann frankly avows his total scepticism as to the curative powers of nature.* Has this been the error of the regular profession? Or rather, has not their error been that, while acknowledging themselves, in words, the *ministri* Naturæ, they have, in fact, with Hahnemann, fancied themselves the *magistri* Naturæ? May I not go farther, and ask, is disease *ever* cured save by aiding her whom the great poet so justly styles "excelling Nature."

2d, Exclusive Homœopathy ignores all *entities* in disease, and deals only with the subtle vital power. It ignores, for example, the *condition of the blood in blood diseases.* Take, for instance, the case of a worker in lead. He inhales the lead fumes, the poison is absorbed by his lungs, it circulates with his blood to his stomach, and he has lead colic. It circulates to the extensors of his wrists, and he has

* Organon, pages 30—34.

lead paralysis. He dies, and Devergie and Tanquerel find "a considerable quantity of lead" at the sites of the disease. Is not lead an *entity*? Taught by experience, *we* say this poison of lead is the cause of the disease. We say—"tolle causam cessit affectus." We antidote or eliminate the poison, and, *pari passu* with the elimination of the poisonous mineral, the patient regains his health. But the Homœopathist overlooks all this. He asks not what is at fault with the machine, to apply the proper corrective; but what are the symptoms, and what drug is homœopathic to the symptoms? But this, you say, is a case of *poisoning;* and are not gout, and rheumatism, and typhus, and ague, equally cases of poisoned blood? Admit frankly that we do not yet know the history of some of these, as well as that of lead-poison; 25 years ago we knew less of lead-poison than we now know of the poison of rheumatism or the poison of gout. The illustrations might be indefinitely multiplied—*chlorosis*, *uræmia*, *scurvy*, &c. &c. In scurvy, Dr. Kane's "last scraped potato" and raw walrus were certainly *entities*, and did not act on the universal law of cure of Homœopathy, "*similia similibus curantur.*"

3d, And closely connected with the homœopathic dogma just adverted to, that "the causes of disease cannot possibly be material," as Hahnemann phrases it, is another dogma, that the totality of the symptoms represent, constitute, are, the disease.* This indeed is an essential feature of the homœopathic

* Organon, page 85.

system. But is it so? In a very common disease of the hip joint, the pain is often referred to the knee, and very frequently the knee is swollen, even; in short, all the sensations of the patient are referred to the knee. In tetanus, the *symptoms* pertain to the voluntary muscles, or certain of them, as those which close the jaws; the *disease* may be a thorn in the foot, or strychnine in the blood, &c. In gout, the *symptoms* are in the toe; the *disease*, lithic acid in the blood. In rheumatism, the *symptoms* are in the shoulder; the *disease*, lactic acid in the blood. Is not a quart of serum compressing a lung an *entity;* and is it to be ignored? And is the indirect pleuritic cough, one of the consequences of this pressure, the disease itself? I say, then, that the symptoms, even the totality of them, are not the disease, and often do not even represent the disease. Symptoms are but the *glass* that suffering nature holds out to the true physician, with which to inspect the disease.

4th, We object to Homœopathy, that it ignores the ascertained practical facts of that most common pathological process, Inflammation. Twenty-five years ago, this would have been no great deficiency; but within that period, the labors of Paget and his collaborateurs have evolved from this chaos a beautiful order, which is destined to work vast practical improvements in our art. We do now *know* that inflammation may *begin* by a vitiation of any one of the four essential conditions of the healthy action of any part—that is, it may make its debut in the bloodvessels of the part, in the blood of the part, in

the nerves of the part, or in the essential structure of the part. We do *know* that, when the disease is grave, when the scales hang fearfully balanced between struggling nature on the one hand and deadly inflammation on the other, our art may come to the rescue—not to take the case out of her beneficent hands, but to aid her by removing one or more of these abnormal conditions—she taking up the work and completing the cure by the removal of the rest. Let me instance that once fearful disease, peritonitis. We now administer the large doses of opium; we cure the nervous element of the disease (which is the leading element); we allay the horrible pain. Excelling Nature takes up the cure, and removes the other faulty conditions.

And here I should be recreant to that command of the Decalogue which enjoins me to "honor *my father* and my mother," if I did not claim for a Fellow of this Society the honor of the discovery, the introduction and the public teaching of this, the opium-treatment of peritonitis, *twenty-five years ago.*

In a case of *specific* inflammation, where the inflammatory process begins in the blood, *we* antidote or eliminate the poison from the blood; *Nature* again takes up the cure, and removes the other abnormal conditions. Again, if the engorgement of the blood-vessels of the part be the leading faulty condition, we unload these by local depletion. We apply a few leeches or cups; and, as before, Nature, thus aided, takes up and completes the cure. All this, the now well-settled history and pathology of inflammation, Homœopathy utterly ignores. It only

asks, what are the symptoms, and what is homœopathic to the symptoms.

5th, We say that the homœopathic diet, enjoined as a means of cure, is, like the rest of the system, fanciful and empirical—no scientific principle underlaying it.

Rational Medicine aims, at least, to adapt the diet to the condition of the patient. In consumption, for instance, where the blood is impoverished, in part, certainly, by lack of its oily element, we prescribe an "apoplectic" diet, and we administer the cod liver oil; and, under favorable circumstances, the chyle, and thence the blood, being enriched by a due proportion of oil, the general nutrition is improved, and the patient is cured. The statistics of the Brompton Hospital, the accuracy and veracity of which are beyond question, prove that, of all the cases there treated, in all stages of the disease, nearly one third are cured; the disease is arrested in nearly another third—leaving the mortality less than 40 per cent. Where can Homœopathy point to results like these? In the much vaunted and not over honest tables of Fleischmann, of Vienna (confessedly one of the best homœopathic practitioners in Europe), all the poor consumptives, 98 in number, go into the black column—whole number, 98; died, 71; "discharged uncured," 27. Ah, we know what that means—*sent home to die*, 27; 71 and 27=98. Why did not Homœopathy cure one of the 98? Read Bennett on Tuberculosis, and you will see. Tubercle from an impoverished blood is the main deficiency, or certainly a leading deficiency, in the

amount of the oleaginous element furnished. Hence the treatment (and the diet is an essential part of the treatment) should have steadily in view a richer blood—a better nutrition. Cod liver oil, perhaps from containing the biliary principles, is more readily assimilated than other fats, and hence, in the majority of cases, a leading article in the treatment. Why is the disease unknown among the Esquimaux —while here, in Boston, it heads the weekly list of your City Registrar—and throughout New England causes one fourth of the total mortality? No other explanation of the fact can be given, than that they live on a highly oily diet. Arctic explorers tell us that no bonbons are so acceptable to Esquimaux belles, as tallow candles. The mysterious darkness of Paris, on the night of April 31st, 1814, was explained next morning by the discovery that the Cossacks had drank up all the oil in the street lamps.

Do you ask why we see no such results from the "analeptic" treatment of phthisis, as those claimed by Bennett and the physicians of the Brompton Hospital? I answer, 1st, and chiefly, because we are not sufficiently impressed with the importance of the constitution of the blood in this disease. We are too much wedded to the old idea of treating the *symptoms* of consumption, and its *complications*—have too little faith in the grand fact that it is by a *better nutrition* and a *richer blood*, and by this alone, that it is to be cured.

But we see people every day taking cod liver oil and dying of consumption. True we do—but what

else are they doing, or leaving undone? They are shut up in close rooms, instead of inhaling God's oxygen, on foot, on horseback, and in open carriages. They are taking nauseous "cough mixtures," which destroy the appetite and prevent that better nutrition from which alone a cure is to be hoped. They are taking too much of the oil, and often a purely factitious article of the oil. Take the converse class of cases, where the oleaginous element is in excess —the surplus must be eliminated in great part by the liver; this organ is overworked, and bilious attacks result—perhaps biliary calculi form. We interdict the oily and saccharine articles of diet—and, with or without appropriate medicinal treatment, the diathesis is overcome. Dr. Smith, late of Stockholm, Sweden, tells us that in that capital this disease is endemic, and is always cured by a prescribed diet. One more example. Macaulay, layman as he is, has not failed to mark the change in the character of the diseases of England, wrought by the introduction of the potato and other roots and esculents into the diet of the people. When the diet of the English people consisted almost exclusively of wheat bread and meats, the albuminous group of aliments was in excess, and the result was a great prevalence of *gouty* and *calculous* disease. When the diet of the people was changed by the introduction of new vegetables and fruits, these affections decidedly diminished. Among the poorer classes of society, those compelled to live on a poor, vegetable diet, we find rheumatism; and in the penitentiaries and the work-houses of England—where, as Dickens well satirizes it, "a Board

of fat Governors spend their official time in diluting gruel and writing reports"—we find that out of 860 inmates, 437, or 52 per cent., were affected with scurvy, when the wise Board of Governors aforesaid cut down the allowance of nutriment from 31 to 21 ounces per diem. In other public institutions, where similar wise Boards undertook to keep the paupers on bone soup, we find a malignant fever breaking out, and decimating the inmates two or three times over. In short, Rational Medicine, guided by experience and experiment, recognizes the fact that a well-arranged dietetic scheme ought to consist of such a combination of the several groups of aliment as is most appropriate to the requirements of the given patient.

This is of itself a great subject, and deserves more attention than it has yet received from the profession. What makes dyspepsia (the forerunner of phthisis) so common, so universal, on the highest hills of Berkshire and in the most elegant avenues of Boston? What more than a badly-regulated diet, and a horribly unscientific cookery? You dine freely in Paris, and you feel no sense of oppression. You dine freely here, and you are stupid all the evening. There cookery is a science; here it is hardly an art. The point I make, is this—that there is a science of diet; the well-instructed physician avails himself of it; the dietetic prohibitions of Homœopathy, though they may and do effect a great deal of good in some cases, are at best exclusive and arbitrary, based on conceits that "veal" and "tooth-powder," "pork"

and "perfumery," may militate against the action of hepar 3 or nux 30.

And this brings me to the ludicrous side of the argument—that medicines are efficient in *infinitesimal* doses, though, as plain and palpable grains of powdered oyster shells or chamomile flowers, they are inert. On this I shall not dwell—not because it does not afford a beautiful example of the "*reductio ad absurdum*," but because its exposition, though legitimate, is somewhat stale. I only allude to it to show where the adoption of this exclusive doctrine led its illustrious founder:—"Latterly I have been forced by experience to reduce the number of *shakes* to *two*, of which I formerly prescribed ten to each dilution;"* "Of late I have become convinced of the fact (which I would not have previously believed), that *smelling* imparts a medicinal influence as energetic and as long-continued, as when the medicine is taken in substance by the mouth."† Such vagaries, such absurdities, are the natural fruit of the adoption of an exclusive theory in medicine —"*obsta principiis.*"

And this brings me to speak very briefly of the true position of the Profession and the Society towards the partisans of these exclusive systems. "Nullius addictus jurare in verba magistri," should certainly be the motto of the scientific physician; but the profession excommunicates no man because he believes in the "numerical method of statement, analysis and appreciation"—because he

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* Organon, page 205. † Organon, page 209.

is a numeralist, or an exclusive numeralist; nor should it excommunicate any man because he believes that quinine cures ague, or aconite cures congestion, on the principle of "*similia similibus curantur*," or because he prefers small doses or infinitesimal doses of either. You do not expel a Brunonian, a Broussaisan, a Tullenian, for his therapeutical views, exclusive though they are. Why, then, should you expel a Hahnemannian for his therapeutic views, however exclusive or however absurd? In short, the inquisition is not to be carried into the therapeutic views and opinions, any more than into the physiological or pathological views and opinions, of any member of a liberal profession.

Do I then defend or countenance Homœopathy, or the partisans of Homœopathy? God forbid. I have refused, in writing, to consult with them, even in surgical and obstetrical cases. Would I retain them in the Society? No—but I would expel them *on the right ground*, and such ground we have.

Against the empiric or the quack all will agree that the Profession and the Society should set their faces like a flint. But what constitutes an empiric? What makes a quack? Chiefly, as I humbly conceive, two things — 1st, Ignoring the wisdom and guidance of the past; 2d, Assuming and advertising to be possessed of a skill beyond our contemporaries. "Quack," says Walker, "is a boastful pretender to arts which he does not understand"—"One who proclaims his own medical abilities in public places." "Advertising" is a relative term. In Paris, it is advertising to put the modest prefix of Doctor

on your door plate. I care not whether the advertising be by the newspapers, by advertising bans, or by private trumpeting. The moment you advertise yourself, or allow yourself to be advertised, or written down, or called, a Homœopathist, an Allopathist or an Antipathist, a Hydropathic, Botanic, Eclectic, Electric, Analeptic, *or any other sort of Doctor*, you cut yourself off, and justly, from the communion of the Medical Church Catholic; and the essence of the quackery is, that you ignore the wisdom and guidance of the past, and assume and advertise yourself to be possessed of a wisdom beyond your contemporaries. Here is solid ground. On this ground, I would expel a Homœopathist, and on the same ground I would expel all other empirics. That this is the true principle on which the Profession and the Society should act, I entertain no doubt; that there may be difficulties in the application of this principle (as there are in the practical application of all principles), is freely conceded. I was glad to see that the action of the Censors of the Suffolk District Medical Society measurably recognized this principle, and that it was endorsed by the Councillors of this Society. How has the other policy—the carrying the inquisition into the theoretical views and opinions of the applicant or the Fellow—worked? "The thing that hath been shall be, and that which is done is that which shall be done, and there is nothing new under the sun." The Homœopathists have raised the cry of persecution for theoretical views and opinions; the heresy has spread, as heresy always has spread when met

by persecution, real or imaginary. A homœopathic statistician informs me that there are over 200 homœopathic physicians in Massachusetts. Now that there will always be "homœopathic" doctors, as there will always be "protestant" gardeners, and "evangelical" chambermaids, and "sober" coachmen, and "virtuous" chimney-sweeps, *as long as they are wanted*, I do not doubt; but I would take from the first mentioned article—the "homœopathic" doctor—this weapon, that he is a martyr to his therapeutic views and opinions, by expelling and rejecting him not because he is a Homœopathist, but because he is a Quack.

Gentlemen Fellows,—I have detained you too long; I will relieve your patience, with the prayer that this ancient and honorable Society, more valuable to the State than to herself, may still continue her beneficent mission—that she will still continue to bend gracefully to the progressive and liberal spirit of the age; that she will hold ever to the glorious maxim of St. Augustine—"In essentials unity, in non-essentials liberty, in all things charity."

So shall her glory endure in its freshness, and the bow be strengthened in her hand.

BRIEF REPORT OF THE ZYMOSES OF 1858.

BY BENJAMIN CUTTER, M.D.
OF WOBURN.

An extended report from the Committee on the Registration of the Zymotic Diseases as they occur in this State, cannot be expected the first year of the undertaking. The attempt is perhaps of too novel a character to meet with the cordial approval and personal support of the great body of the Society at once; but its success has been as flattering as could have been expected, when such a variety of hindrances are to be met with. In fact, we have obtained much fuller returns than the pioneers of the State Registration, although supported by Legislative enactments, were able to procure. The result is too favorable to require an abandonment of the undertaking without further trial; and the many promises from various parts of the State of an increased number and more complete returns hereafter, give encouragement to continue the enterprise another year.

With the Communications of the Society, last year, blanks were distributed to all the Fellows, for their use, with directions for their preparation, and destination, when filled, to the Secretaries of the several District Societies. These individual returns were to be combined and condensed into one by the Secretary of each District Medical Society, and transmitted to the Secretary of the parent Society. Most of the Districts made returns.

Some were quite complete, or made by a majority of the Fellows in active practice; while from many the returns were sent in by less than a moiety; and from a few Districts no return was received.

The several District Medical Societies made returns from their members in the following numbers, viz.:—

Barnstable	District,	from	3	Fellows.
Berkshire	"	"	0	"
Bristol North	"	"	3	"
Bristol South	"	"	11	"
Essex North	"	"	3	"
Essex South	"	"	11	"
Franklin	"	"	14	"
Hampden	"	"	0	"
Hampshire	"	"	0	"
Middlesex East	"	"	13	"
Middlesex North	"	"	5	"
Middlesex South	"	"	10	"
Norfolk	"	"	4	"
Plymouth	"	"	4	"
Suffolk	"	"	15	"
Worcester North	"	"	16	"
Worcester South	"	"	5	"

Thus the whole number of Fellows who reported is one hundred and seventeen, comprising not far from one sixth of the members who are engaged in the active practice of medicine in the State. The data for this proportion we obtain from a District Society, that, with eighteen paying members, has only thirteen in the general practice of medicine. Some are dentists; some are absent; some are retired, and some are specialists of various kinds. Among the number of those who have made returns are the names of many of the oldest and most distinguished

Fellows of the Society; thereby manifesting their interest in and approval of the *object.*

This differs from every other statistical one by instituting an inquiry into the occurrence of diseases, especially epidemics, the laws of whose access can only be ascertained by a knowledge of the times, places and characteristics of their visitations. Facts are wanted in a more definite form than have hitherto been obtained in order to elucidate the etiology of epidemics, which constitute by far the most general and interesting class of diseases in this our variable climate.

There is no effect without a cause; and we have equal reason to believe that the laws by which epidemics are governed will be certainly discovered, as that many of the laws of nature, which once were wrapped in apparently chaotic confusion, are now clearly developed, and appear so plain and manifest that the wonder is they were ever in doubt.

The study of meteorology is highly useful and necessary in connection with that of epidemics, and should always be taken into account by the intelligent inquirer. It is well known to every medical practitioner that many persons are within a short time and in certain limits affected by the same disease, and that during this time most other diseases partake to a large degree of the nature of the epidemic. The connection between events so common and influences so apparent, should excite diligent inquiry, and is a subject of such magnitude and usefulness to mankind that it should command the most serious attention of that body of liberally educated men who esteem themselves the conservators of the health of the community.

One other object suggests itself. It may be personal, or merely one of curiosity, but it certainly is legitimate: That most practitioners are deeply interested in knowing such medical facts as are brought out by this system of

registration of diseases, especially when the occurrences take place in the Commonwealth of which they are inhabitants.

Herewith will be found a table containing the amount of all the returns, made by the Fellows, for 1858.

The separate returns from the fourteen Medical Districts are many of them so meagre that it does not seem proper or necessary to print them this year. It would be the duty of the Society to print tabulated reports of each District Society, if sufficiently complete ones can be obtained, in order to show approximately what diseases are peculiar to each District or County in the State; what may be the order of their access in the several Districts, and what may be the characteristics of the several diseases. A full District report, for presentation at their annual meeting, which usually occurs in the spring, would furnish one of the most desirable papers that could be offered to the District Society by the Secretary or some other individual chosen for the purpose. Remarks on the geology and meteorology of the District would be appropriate and necessary.

The several District reports made the past year are on file; their several amounts added and the per centages calculated; with the names of the several Fellows, by whom they were rendered, endorsed upon each.

Mistakes are unavoidable, and where documents are passed from one to another the latter will not have the data for correcting the record; but to the objection, that some may make false returns, it can be answered—the manner in which they are made would render it nearly impossible for such to escape detection and rejection, as the single reports are made to the officers of the District Societies. And where shall we find reliable statements or statistics, if dependence cannot be placed upon the records of men as honorable and truthful as are a great majority of practising physicians?

ARTICLE VI.

CURRENTS AND COUNTER-CURRENTS IN MEDICAL SCIENCE.

By OLIVER WENDELL HOLMES, M.D.,
OF BOSTON.

"Νόσων φύσιες ἰητροί."
"Facultate magis quam violentia."
HIPPOCRATES.

READ AT THE ANNUAL MEETING, MAY 30, 1860.

Entered, according to Act of Congress, in the year 1860, by the Mass. Medical Society, in the Clerk's Office of the District Court for the District of Massachusetts.

OUR Annual Meeting never fails to teach us at least one lesson. The Art whose province it is to heal and to save, cannot protect its own ranks from the inroads of disease and the waste of the Destroyer.

Seventeen of our associates have been taken from us since our last Anniversary. Most of them followed their calling in the villages or towns that lie among the hills or along the inland streams. Only those who have lived the kindly, mutually dependent life of the country, can tell how near the physician who is the main reliance in sickness of all the families throughout a thinly settled region comes to the hearts of the people among whom he labors, how they value him while living, how they cherish his memory when dead. For these friends of ours who have gone before, there is now no more toil; they start

from their slumbers no more at the cry of pain; they sally forth no more into the storms; they ride no longer over the lonely roads that knew them so well; their wheels are rusting on their axles or rolling with other burdens; their watchful eyes are closed to all the sorrows they lived to soothe. Not one of these was famous in the great world; some were almost unknown beyond their own immediate circle. But they have left behind them that loving remembrance which is better than fame, and if their epitaphs are chiselled briefly in stone, they are written at full length on living tablets in a thousand homes to which they carried their ever welcome aid and sympathy.

One whom we have lost, very widely known and honored, was a leading practitioner of this city. His image can hardly be dimmed in your recollection, as he stood before you only three years ago, filling the same place with which I am now honored. To speak of him at all worthily, would be to write the history of professional success, won without special aid at starting, by toil, patience, good sense, pure character and pleasing manners; won in a straight uphill ascent, without one breathing-space until he sat down, not to rest, but to die. If prayers could have shielded him from the stroke, if love could have drawn forth the weapon and skill could have healed the wound, this passing tribute might have been left to other lips and to another generation.

Let us hope that our dead have at last found that rest which neither summer nor winter, nor day nor night, had granted to their unending earthly labors! And

let us remember that our duties to our brethren do not cease when they become unable to share our toils, or leave behind them in want and wo those whom their labor had supported. It is honorable to the Profession that it has organized an Association* for the relief of its suffering members and their families; it owes this tribute to the ill-rewarded industry and sacrifices of its less fortunate brothers who wear out health and life in the service of humanity. I have great pleasure in referring to this excellent movement, which gives our liberal profession a chance to show its liberality, and serves to unite us all, the successful and those whom fortune has cast down, in the bonds of a true brotherhood.

A medical man, as he goes about his daily business after twenty years of practice, is apt to suppose that he treats his patients according to the teachings of his experience. No doubt this is true to some extent; to what extent, depending much on the qualities of the individual. But it is easy to prove that the prescriptions of even wise physicians are very commonly founded on something quite different from experience. Experience must be based on the permanent facts of nature. But a glance at the prevalent modes of treatment of any two successive generations will show that there is a changeable as well as a permanent element in the art of healing; not merely changeable as diseases vary, or as new remedies are introduced, but changeable by the going out

* The Massachusetts Medical Benevolent Society.

of fashion of special remedies, by the decadence of a popular theory from which their fitness was deduced, or other cause not more significant. There is no reason to suppose that the present time is essentially different in this respect from any other. Much, therefore, which is now very commonly considered to be the result of experience, will be recognized in the next, or in some succeeding generation, as no such result at all, but as a foregone conclusion, based on some prevalent belief or fashion of the time.

There are of course, in every calling, those who go about the work of the day before them, doing it according to the rules of their craft, and asking no questions of the past or of the future, or of the aim and end to which their special labor is contributing. These often consider and call themselves *practical men.* They pull the oars of society and have no leisure to watch the currents running this or that way; let theorists and philosophers attend to them. In the mean time, however, these currents are carrying the practical men too, and all their work may be thrown away and worse than thrown away, if they do not take knowledge of them and get out of the wrong ones and into the right ones as soon as they may. Sir Edward Parry and his party were going straight towards the pole, in one of their arctic expeditions, travelling at the rate of ten miles a day. But the ice over which they travelled was drifting straight towards the equator, at the rate of *twelve* miles a day, and yet no man among them would have known that he was travelling two miles a day backward, unless he had lifted his eyes from the

track in which he was plodding. It is not only going backward that the plain practical workman is liable to, if he will not look up and look round; he may go forward to ends he little dreams of. It is a simple business for a mason to build up a niche in a wall; but what if, a hundred years afterwards, when the wall is torn down, the skeleton of a murdered man drop out of the niche? It was a plain practical piece of carpentry for a Jewish artisan to fit two pieces of timber together according to the legal pattern, in the time of Pontius Pilate; he asked no questions, perhaps, but we know what burden the cross bore on the morrow! And so with subtler tools than trowels or axes, the statesman who works in policy without principle, the theologian who works in forms without a soul, the physician, who, calling himself a practical man, refuses to recognize the larger laws which govern his changing practice, may all find that they have been building truth into the wall, and hanging humanity upon the cross.

The truth is that medicine, professedly founded on observation, is as sensitive to outside influences, political, religious, philosophical, imaginative, as is the barometer to the changes of atmospheric density. Theoretically it ought to go on its own straight-forward inductive path, without regard to changes of government or to fluctuations of public opinion. But look a moment while I clash a few facts together, and see if some sparks do not reveal by their light a closer relation between the Medical Sciences and the conditions of Society and the general thought of the time, than would at first be suspected.

Observe the coincidences between certain great political and intellectual periods and the appearance of illustrious medical reformers and teachers. It was in the age of Pericles, of Socrates, of Plato, of Phidias, that Hippocrates gave to medical knowledge the form which it retained for twenty centuries. With the world-conquering Alexander, the world-embracing philosopher Aristotle, appropriating anatomy and physiology, among his manifold spoils of study, marched abreast of his royal pupil to wider conquests. Under the same Ptolemies to whom we owe the Alexandrian Library and Museum, and the Septuagint version of the Hebrew Scriptures, the infallible Herophilus* made those six hundred dissections of which Tertullian accused him, and the sagacious Erasistratus introduced his mild antiphlogistic treatment in opposition to the polypharmacy and antidotal practice of his time. It is significant that the large-minded Galen should have been the physician and friend of the imperial philosopher Marcus Aurelius. The Arabs gave laws in various branches of knowledge to those whom their arms had invaded, or the terror of their spreading dominion had reached, and the point from which they started was, as Humboldt acknowledges, "the study of medicine, by which they long ruled the Christian Schools,"† and to which they added the department of chemical pharmacy.

Look at Vesalius, the contemporary of Luther.

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* "Contradicere Herophilo in anatomicis, est contradicere evangelium," was a saying of Fallopius.

† Cosmos, II., 587.

Who can fail to see one common spirit in the radical ecclesiastic and the reforming court-physician? Both still to some extent under the dominion of the letter: Luther holding to the real presence; Vesalius actually causing to be drawn and engraved two muscles which he knew were not found in the human subject, because they had been described by Galen, from dissections of the lower animals.* Both breaking through old traditions in the search of truth; one, knife in hand, at the risk of life and reputation, the other at the risk of fire and faggot, with that mightier weapon which all the devils could not silence, though they had been thicker than the tiles on the house-tops. How much the physician of the Catholic Charles V. had in common with the great religious destructive, may be guessed by the relish with which he tells the story how certain Pavian students exhumed the body of an "elegans scortum," or lovely dame of ill repute, the favorite of a monk of the order of St. Anthony, who does not seem to have resisted temptation as well as the founder of his order.† We have always ranked the physician Rabelais among the early reformers, but I do not know that Vesalius has ever been thanked for his hit at the morals of the religious orders, or for turning to the good of science what was intended for the "benefit of clergy."

Our unfortunate medical brother, Michael Servetus, the spiritual patient to whom the theological moxa

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* Opera Omnia, Basileæ, 1555. Lib. II., Tab. V. VI., pp. 225, 228.

† Op. cit., Lib. V., Cap. 15, p. 663.

was applied over the entire surface for the cure of his heresy, came very near anticipating Harvey.* The same quickened thought of the time which led him to dispute the dogmas of the Church, opened his mind to the facts which contradicted the dogmas of the Faculty.

Harvey himself was but the posthumous child of the great Elizabethan period. Bacon was at once his teacher and his patient. The founder of the new inductive philosophy had only been dead two years when the treatise on the Circulation, the first-fruit of the Restoration of Science, was given to the world.

And is it to be looked at as a mere accidental coincidence, that while Napoleon was modernizing the political world, Bichat was revolutionizing the science of life and the art that is based upon it; that while the young general was scaling the Alps, the young surgeon was climbing the steeper summits of unexplored nature; that the same year read the announcement of those admirable Researches on Life and Death, and the bulletins of the battle of Marengo?

If we come to our own country, who can fail to recognize that Benjamin Rush, the most conspicuous of American physicians, was the intellectual offspring of the movement which produced the revolution? "The same hand," says one of his biographers,

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* "Non per parietem cordis mediam, ut vulgo creditur, sed magno artificio, a dextro cordis ventriculo, longe per pulmones tractu, et a vena arteriosa, in arteriam venosam transfunditur."—*(Bostock's Physiology, Note to p.* 211.) I cite the passage on account of the calling in question of the claims of Servetus by Amedée Pichot.—*(Life and Labors of Sir Charles Bell,* London, 1860, p. 3.)

"which subscribed the declaration of the political independence of these States, accomplished their emancipation from medical systems formed in foreign countries, and wholly unsuitable to the state of diseases in America."

Following this general course of remark, I propose to indicate in a few words the direction of the main intellectual current of the time, and to point out more particularly some of the eddies which tend to keep the science and art of medicine from moving with it, or even to carry them backwards.

The two dominant words of our time are *law* and *average*, both pointing to the uniformity of the order of being in which we live. Statistics have tabulated everything—population, growth, wealth, crime, disease. We have shaded maps showing the geographical distribution of larceny and suicide. Analysis and classification have been at work upon all tangible and visible objects. The Positive Philosophy of Comte has only given expression to the observing and computing mind of the nineteenth century.

In the mean time, the great stronghold of intellectual conservatism, traditional belief, has been assailed by facts which would have been indicted as blasphemy but a few generations ago. Those new tables of the law, placed in the hands of the geologist by the same living God who spoke from Sinai to the Israelites of old, have re-modelled the beliefs of half the civilized world. The solemn scepticism of science has replaced the sneering

doubts of witty philosophers. The more positive knowledge we gain, the more we incline to question all that has been received without absolute proof.

As a matter of course, this movement has its partial re-actions. The province of faith is claimed as a port free of entry to unsupported individual convictions. The tendency to question is met by the unanalysing instinct of reverence. The old church calls back its frightened truants. Some who have lost their hereditary religious belief find a resource in the revelations of Spiritualism. By a parallel movement, some of those who have become medical infidels pass over to the mystic band of believers in the fancied miracles of Homœopathy.

Under these influences transmitted to, or at least shared by the medical profession, the old question between "Nature" so called, and "Art," or professional tradition, has re-appeared with new interest. I say the old question, for Hippocrates stated the case on the side of "Nature" more than two thousand years ago.* Miss Florence Nightingale—and if I name her next to the august Father of the Healing Art, its noblest daughter well deserves that place of honor—Miss Florence Nightingale begins her late volume with a paraphrase of his statement. But from a very early time to this there has always been a strong party against "Nature." Themison called the practice of Hippocrates "a meditation upon death." Dr. Rush says "it is impossible to calculate the mischief which Hippocrates has done by first

* Epidemics, Book vi., Sect. 5.

marking nature with his name and afterwards letting her loose upon sick people. Millions have perished by her hands in all ages and countries." Sir John Forbes, whose defence of "Nature" in disease you all know, and to the testimonial in whose honor four of your Presidents have contributed, has been recently greeted on retiring from the profession with a wish that his retirement had been twenty years sooner, and the opinion that no man had done so much to destroy the confidence of the public in the medical profession.

In this Society we have had the Hippocratic and the Themisonic side fairly represented. The Treatise of one of your early Presidents on the Mercurial Treatment is familiar to my older listeners. Others who have held the same office have been noted for the boldness of their practice, and even for partiality to the use of complex medication.

On the side of "Nature," we have had, first of all, that remarkable discourse on Self-Limited Diseases,* which has given the key-note to the prevailing medical tendency of this neighborhood, at least, for the quarter of a century since it was delivered. Nor have we forgotten the address delivered at Springfield twenty years later,† full of good sense and useful suggestions, to one of which suggestions we owe the learned, impartial, judicious, well-written

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* On Self-Limited Diseases. A Discourse delivered before the Massachusetts Medical Society, at their Annual Meeting, May 27th, 1835. By Jacob Bigelow, M.D.

† "Search out the Secrets of Nature." By Augustus A. Gould, M.D. Read at the Annual Meeting, June 27th, 1855.

Prize Essay of Dr. Worthington Hooker.* We should not omit from the list the important address of another of our colleagues,† showing by numerous cases the power of Nature in healing compound fractures to be much greater than is frequently supposed—affording, indeed, more striking illustrations than can be obtained from the history of visceral disease, of the supreme wisdom, forethought, and adaptive dexterity of that divine Architect, as shown in repairing the shattered columns which support the living temple of the body.

We who are on the side of "Nature" please ourselves with the idea that we are in the great current in which the true intelligence of the time is moving. We believe that some who oppose, or fear, or denounce our movement, are themselves caught in various eddies that set back against the truth. And we do most earnestly desire and most actively strive, that Medicine, which, it is painful to remember, has been spoken of as "the withered branch of science" at a meeting of the British Association, shall be at length brought fully to share, if not to lead, the great wave of knowledge which rolls with the tides that circle the globe.

If there is any State or city which might claim to be the American head-quarters of the nature-trusting heresy, provided it be one, that State is Massachusetts, and that city is its capital. The effect which

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* Rational Therapeutics. A Prize Essay. By Worthington Hooker, M.D., of New Haven. Boston: 1857.

† On the Treatment of Compound and Complicated Fractures. By William J. Walker, M.D. Read at the Annual Meeting, May 29th, 1845.

these doctrines have upon the confidence reposed in the profession, is a matter of opinion. For myself, I do not believe this confidence can be impaired by any investigations which tend to limit the application of troublesome, painful, uncertain or dangerous remedies. Nay, I will venture to say this, that if every specific were to fail utterly, if the cinchona trees all died out, and the arsenic mines were exhausted, and the sulphur regions were burned up, if every drug from the vegetable, animal and mineral kingdom were to disappear from the market, a body of enlightened men, organized as a distinct profession, would be required just as much as now, and respected and trusted as now, whose province should be to guard against the causes of disease, to eliminate them if possible when still present, to order all the conditions of the patient so as to favor the efforts of the system to right itself, and to give those predictions of the course of disease which only experience can warrant, and which in so many cases relieve the exaggerated fears of sufferers and their friends, or warn them in season of impending danger. Great as the loss would be if certain active remedies could no longer be obtained, it would leave the medical profession the most essential part of its duties, and all, and more than all, its present share of honors; for it would be the death blow to charlatanism, which depends for its success almost entirely on drugs, or at least on a nomenclature that suggests them.

There is no offence, then, or danger in expressing the opinion, that, after all which has been said, the community is still over-dosed. The best proof of it

is, that no families take so little medicine as those of doctors, except those of apothecaries, and that old practitioners are more sparing of active medicines than younger ones.* The conclusion from these facts is one which the least promising of Dr. Howe's pupils in the mental department could hardly help drawing.

Part of the blame of over-medication must, I fear, rest with the profession for yielding to the tendency to self-delusion, which seems inseparable from the practice of the art of healing. I need only touch on the common modes of misunderstanding or misapplying the evidence of nature.

First, there is the natural incapacity for sound observation, which is like a faulty ear in music. We see this in many persons who know a good deal about books, but who are not sharp-sighted enough to buy a horse or deal with human diseases.

Secondly, there is in some persons a singular inability to weigh the value of testimony; of which, I think, from a pretty careful examination of his books, Hahnemann affords the best specimen outside the walls of Bedlam.

The inveterate logical errors to which physicians have always been subject, are chiefly these:—

The mode of inference *per enumerationem simplicem*, in scholastic phrase; that is, counting only their

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* Dr. James Jackson has kindly permitted me to make the following extract from a letter just received by him from Sir James Clark, and dated May 26th, 1860:—

"As a physician advances in age, he generally, I think, places less confidence in the ordinary medical treatment than he did, not only during his early, but even his middle period of life."

favorable cases. This is the old trick illustrated in Lord Bacon's story of the gifts of the shipwrecked people, hung up in the temple.—Behold! they vowed these gifts to the altar, and the gods saved them. Ay, said a doubting by-stander, but how many made vows of gifts and were shipwrecked notwithstanding?—The numerical system is the best corrective of this and similar errors. The arguments commonly brought against its application to all matters of medical observation, treatment included, seem to apply rather to the tabulation of facts ill observed, or improperly classified, than to the method itself.

The *post hoc ergo propter hoc* error: he got well after taking my medicine; therefore in consequence of taking it.

The false induction from genuine facts of observation, leading to the construction of theories which are then deductively applied in the face of the results of direct observation. The school of Broussais has furnished us with a good example of this error.

And lastly, the error which Sir Thomas Browne calls giving "a reason of the golden tooth;" that is, assuming a falsehood as a fact, and giving reasons for it, commonly fanciful ones, as is constantly done by that class of incompetent observers who find their "golden tooth" in the fabulous effects of the homœopathic materia medica—which consists of sugar of milk and a nomenclature.

Another portion of the blame rests with the public itself, which insists on being poisoned. Somebody buys all the quack medicines that build palaces for the mushroom, say rather, the toad-stool millionaires.

Who is it? These people have a constituency of millions. The popular belief is all but universal that sick persons should feed on noxious substances. One of our members was called not long since to a man with a terribly sore mouth. On inquiry he found that the man had picked up a box of unknown pills, in Howard Street, and had proceeded to take them, on general principles, pills being good for people. They happened to contain mercury, and hence the trouble for which he consulted our associate.

The outside pressure, therefore, is immense upon the physician, tending to force him to active treatment of some kind. Certain old superstitions, still lingering in the mind of the public, and not yet utterly expelled from that of the profession, are at the bottom of this, or contribute to it largely. One of the most ancient is, that disease is a malignant agency or entity, to be driven out of the body by offensive substances, as the smoke of the fish's heart and liver drove the devil out of Tobit's bridal chamber, according to the Apocrypha. Epileptics used to suck the blood from the wounds of dying gladiators.* The Hon. Robert Boyle's little book was published some twenty or thirty years before our late President, Dr. Holyoke, was born.† In it he recommends, as internal medicines, most of the substances commonly used as fertilizers of the soil. His *Album Græcum* is best

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* Plinii Hist. Mundi, Lib. xxviii., C. 4.

† A Collection of Choice and Safe Remedies. The Fifth Edition, Corrected. London. 1712. Dr. Holyoke was born in 1728.

left untranslated, and his *Zebethum Occidentale* is still more transcendentally unmentionable, except in a strange dialect. It sounds odiously to us to hear him recommend for dysentery a powder made from "the sole of an old shooe worn by some man that walks much." Perhaps nobody here ever heard of tying a stocking, *which had been worn during the day*, round the neck at night for a sore throat. The same idea of virtue in unlovely secretions!*

Even now, the Homœopathists have been introducing the venom of serpents, under the learned title of *Lachesis*, and outraging human nature with infusions of the *pediculus capitis;* that is, of course, as we understand their dilutions, the names of these things; for if a fine-tooth-comb insect were drowned in Lake Superior, we cannot agree with them in thinking that every drop of its waters would be impregnated with all the pedicular virtues they so highly value. They know what they are doing. They are appealing to the detestable old superstitious presumption in favor of whatever is nauseous and noxious as being good for the sick.

Again, we all occasionally meet persons stained with nitrate of silver, given for epilepsy. Read what Dr. Martin says, about the way in which it came to be used, in his excellent address before the Norfolk County Medical Society, and the evidence I can show, but have not time for now, and then say what you think of the practice which on such presumptions

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* The idea is very ancient. "*Sordes hominis*"—"*Sudore et oleo medicinam facientibus.*"—Plin., xxviii., 4.

turns a white man as blue as the double-tattooed King of the Cannibal Islands! [*Note A.*]

If medical superstitions have fought their way down through all the rationalism and skepticism of the nineteenth century, of course the theories of the schools, supported by great names, adopted into the popular belief and incorporated with the general mass of misapprehension with reference to disease, must be expected to meet us at every turn in the shape of bad practice founded on false doctrine. A French patient complains that his blood heats him, and expects his doctor to bleed him. An English or American one says he is bilious, and will not be easy without a dose of calomel. A doctor looks at a patient's tongue, sees it coated, and says the stomach is foul; his head full of that old saburral notion, which the extreme inflammation-doctrine of Broussais did so much to root out, but which still leads, probably, to much needless and injurious wrong of the stomach and bowels by evacuants, when all they want is to be let alone. It is so hard to get anything out of the dead hand of medical tradition! The mortmain of theorists extinct in science, clings as close as that of ecclesiastics defunct in law.

One practical hint may not be out of place here. It seems to be sometimes forgotten by those who must know the fact, that the tongue is very different, anatomically and physiologically, from the stomach. Its condition does not in the least imply that of the stomach, which is a very different structure, covered with a different kind of epithelium, and furnished with entirely different secretions. A silver-

smith will, for a dollar, make a small *hoe*, of solid silver, which will last for centuries, and will give a patient more comfort used for the removal of the accumulated epithelium and fungous growths which constitute the "fur," than many a prescription with a split-footed ℞ before it, addressed to the parts out of reach.

I think more of this little implement, because I consider that the use of it, or something like it, saved the Colony at Plymouth in the year 1623. Edward Winslow heard that Masassoit was sick and like to die. He found him with a house-full of people about him, women rubbing his arms and legs, and friends "making such a hellish noise" as they probably thought would scare away the devil of sickness. A case of typhoid fever, clearly, with prostration, stupor, epistaxis and frightful sordes. Winslow gave him some conserve, washed his mouth, *scraped his tongue*, which was in a horrid state, got down some drink, made him some broth, dosed him with an infusion of strawberry leaves and sassafras root, and had the satisfaction of seeing him rapidly recover. Masassoit, full of gratitude, revealed the plot which had been formed to destroy the colonists, whereupon the Governor ordered Capt. Miles Standish to see to them; who thereupon, as every body remembers, stabbed Pecksuot with his own knife, broke up the plot, saved the colony, and thus rendered Massachusetts and the Massachusetts Medical Society a possibility, as they now are a fact before us.*

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* Winslow's Good News from New England, or a Relation, &c. Chap. 20, 21.

So much for this parenthesis of the tongue-scraper, which saved the young colony from a much more serious scrape, and may save the Union yet, if a Presidential candidate should happen to be taken sick as Masassoit was, and his tongue wanted cleaning—which process would not hurt a good many politicians, with or without a typhoid fever.

Again, see how the "bilious" theory works in every-day life here and now, illustrated by a case from actual life. A youthful practitioner, whose last molars have not been a great while cut, meets an experienced and noted physician in consultation. This is the case. A slender, lymphatic young woman is suckling two lusty twins, the intervals of suction being occupied on her part with palpitations, headaches, giddiness, throbbing in the head, and various nervous symptoms, her cheeks meantime getting bloodless, and her strength running away in company with her milk. The old experienced physician, seeing the yellowish waxy look which is common in anæmic patients, considers it a "bilious" case, and is for giving a rousing emetic. Of course, he has to be wheedled out of this, a recipe is written for beef-steaks and porter, the twins are ignominiously expelled from the anæmic bosom, and forced to take prematurely to the bottle, and this prolific mother is saved for future usefulness in the line of maternity.

The practice of making a profit on the medicine ordered, has been held up to reprobation by one at least of the orators who have preceded me. That the effect of this has been ruinous in English practice, I cannot doubt, and that in this country the

standard of practice was in former generations lowered through the same agency, is not unlikely. I have seen an old account-book in which the physician charged an extra price for gilding his rich patients' pills. If all medicine were very costly, and the expense of it always came out of the physician's fee, it would really be a less objectionable arrangement than this other most pernicious one. He would naturally think twice before he gave an emetic or cathartic which evacuated his own pocket, and be sparing of the cholagogues that emptied the biliary ducts of his own wallet, unless he was *sure* they were needed. If there is any temptation, it should not be in favor of giving noxious agents, as it clearly must be in the case of druggists and English "General Practitioners." The complaint against the other course is a very old one. Pliny, inspired with as truly Roman a horror of quackery as the elder Cato,—who declared that the Greek doctors had sworn to exterminate all barbarians, including the Romans, with their drugs, but is said to have physicked his own wife to death, notwithstanding,—Pliny says, in so many words, that the cerates and cataplasms, plasters, collyria and antidotes, so abundant in his time, as in more recent days, were mere tricks to make money.

A pretty strong eddy, then, or rather many eddies, are setting constantly back from the current of sober observation of nature, in the direction of old superstitions and fancies, of exploded theories, of old ways of making money, which are very slow to pass out of fashion! But there are other special Ameri-

can influences which we are bound to take cognizance of. If I wished to show a student the difficulties of getting at truth from medical experience, I would give him the history of epilepsy to read. If I wished him to understand the tendencies of the American medical mind, its sanguine enterprise, its self-confidence, its audacious handling of Nature, its impatience with her old-fashioned ways of taking time to get a sick man well, I would make him read the life and writings of Benjamin Rush. Dr. Rush thought and said that there were twenty times more intellect and a hundred times more knowledge in the country in 1799 than before the Revolution. His own mind was in a perpetual state of exaltation, produced by the stirring scenes in which he had taken a part, and the quickened life of the time in which he lived. It was not the state to favor sound, calm observation. He was impatient, and Nature is profoundly imperturbable. We may adjust the beating of our hearts to her pendulum if we will and can, but we may be very sure that she will not change the pendulum's rate of going because our hearts are palpitating. He thought he had mastered yellow fever. "Thank God," he said, "out of one hundred patients whom I have visited or prescribed for this day, I have lost none." Where was all his legacy of knowledge when Norfolk was decimated? Where was it when the blue flies were buzzing over the coffins of the unburied dead piled up in the cemetery of New Orleans, at the edge of the huge trenches yawning to receive them?

One such instance will do as well as twenty. Dr.

Rush must have been a charming teacher, as he was an admirable man. He was observing, rather than a sound observer; eminently observing, curious, even, about all manner of things. But he could not help feeling as if Nature had been a good deal shaken by the Declaration of Independence, and that American art was getting to be rather too much for her,—especially as illustrated in his own practice. He taught thousands of American students, he gave a direction to the medical mind of the country more than any other one man; perhaps he typifies it better than any other. It has clearly tended to extravagance in remedies and trust in remedies, as in every thing else. How could a people which has a revolution once in four years, which has contrived the Bowie-knife and the revolver, which has chewed the juice out of all the superlatives in the language in Fourth of July orations, and so used up its epithets in the rhetoric of abuse, that it takes two great quarto dictionaries to supply the demand; which insists in sending out yachts and horses and boys to out-sail, out-run, out-fight and checkmate all the rest of creation; how could such a people be content with any but "heroic" practice? What wonder that the stars and stripes wave over doses of ninety grains of sulphate of quinine,* and that the American eagle screams with delight to see three drachms of calomel given at a single mouthful? †

* More strictly, ninety-six grains in two hours.—*Dunglison's Practice*, 1842, Vol. II., p. 520. Eighty grains in one dose.—*Ibid.*, p. 536. Ninety-six grains of sulphate of quinine are equal to eight ounces of good bark.—*Wood & Bache.*

† Pereira, II., 614. Quoted from Christison's Treatise on *Poisons*.

Add to this the great number of Medical Journals, all useful, we hope, most of them necessary, we trust, many of them excellently well conducted, but which must find something to fill their columns, and so print all the new plans of treatment and new remedies they can get hold of, as the newspapers, from a similar necessity, print the shocking catastrophes and terrible murders.

Besides all this, here are we, the great body of teachers in the numberless medical schools of the Union, some of us lecturing to crowds who clap and stamp in the cities, some of us wandering over the country, like other professional fertilizers, to fecundate the minds of less demonstrative audiences at various scientific stations; all of us talking habitually to those supposed to know less than ourselves, and loving to claim as much for our art as we can, not to say for our own schools, and possibly indirectly for our own practical skill. Hence that annual crop of introductory lectures; the useful blossoming into the ornamental, as the cabbage becomes glorified in the cauliflower; that lecture-room literature of adjectives, that declamatory exaggeration, that splendid show of erudition borrowed from D'Israeli, and credited to Lord Bacon and the rest, which have suggested to our friends of the Medical Journals an occasional epigram at our expense. Hence the tendency in these productions, and in medical lectures generally, to over-state the efficacy of favorite methods of cure, and hence the premium offered for showy talkers rather than sagacious observers, for the men of adjectives rather than of

nouns substantive in the more ambitious of these institutions.*

Such are some of the eddies in which we are liable to become involved and carried back out of the broad stream of philosophical, or, in other words, truth-loving, investigations. The causes of disease in the mean time have been less earnestly studied in the eagerness of the search for remedies. Speak softly! Women have been borne out from an old-world hospital, two in one coffin, that the horrors of their prison-house might not be known, while the very men who were discussing the treatment of the disease were stupidly conveying the infection from bed to bed, as rat-killers carry their poisons from one household to another. Do not some of you remember that I have had to fight this private-pestilence question against a scepticism which sneered in the face of a mass of evidence such as the calm statisticians of the insurance office could not listen to without horror and indignation?† Have we forgotten what is told in one of the books published under our own sanction, that a simple measure of ventilation proposed by Dr. John Clark had saved more than *sixteen thousand children's lives* in a single hospital?‡ How long

* "Ingeniorum Græciæ flatu impellimur. Palamque est, ut quisque inter istos loquendo polleat, imperatorem illico vitæ nostræ necisque fieri."—(*Plin. Hist. Mundi*, xxix., 1.)—I hope I may use the old Roman liberty of speech without offence.

† The Contagiousness of Puerperal Fever.—N. E. Quar. Jour. of Medicine and Surgery, April, 1843. Reprinted, with additions. Boston, Ticknor & Fields, 1855.

‡ Collins's Midwifery, p. 312. (In Lib. of Prac. Med.)

would it have taken small doses of calomel and rhubarb to save as many children? These may be useful in prudent hands, but how insignificant compared to the great hygienic conditions! Causes, causes, and again causes—more and more we fall back on these as the chief objects of our attention. The shortest system of medical practice that I know of, is the oldest, but not the worst. It is older than Hippocrates, older than Chiron the Centaur. Nature taught it to the first mother when she saw her first-born child putting some ugly pebble or lurid berry into its mouth. I know not in what language it was spoken, but I know that in English it would sound thus:—Spit it out!

Art can do something more than say this. It can sometimes reach the pebble or berry after it has been swallowed. But the great thing is to keep these things out of children's mouths, and as soon as they are beyond our reach to be reasonable and patient with Nature, who means well, but does not like to hurry, and who took nine calendar months, more or less, to every mother's son among us, before she thought he was fit to be shown to the public.

Suffer me now to lay down a few propositions, whether old or new it matters little, not for your immediate acceptance, nor yet for your hasty rejection, but for your calm consideration.

But first, there are a number of terms which we are in the habit of using in a vague though not unintelligible way, and which it is as well now to define. These terms are the tools with which we are

to work, and the first thing is to sharpen them. It is nothing to us that they have been sharpened a thousand times before; they always get dull in the using, and every new workman has a right to carry them to the grindstone and sharpen them to suit himself.

Nature, in medical language, as opposed to Art, means trust in the reactions of the living system against ordinary normal impressions.

Art, in the same language, as opposed to Nature, means an intentional resort to extraordinary abnormal impressions for the relief of disease.

The reaction of the living system is the essence of both. Food is nothing, if there is no digestive act to respond to it. We cannot raise a blister on a dead man, or hope that a carminative forced between his lips will produce its ordinary happy effect.

Disease, dis-ease—disturbed quiet, uncomfortableness, means imperfect or abnormal reaction of the living system, and its more or less permanent results.

Food, in its largest sense, is whatever helps to build up the normal structures, or to maintain their natural actions.

Medicine, in distinction from food, is every unnatural or noxious agent applied for the relief of disease.

Physic means properly the *Natural* art, and Physician is only the Greek synonym of *Naturalist*.

With these few explanations I proceed to unfold the propositions I have mentioned.

Disease and death, if we may judge by the records of creation, are inherently and essentially necessary

in the present order of things. A perfect intelligence, trained by a perfect education, could do *no more* than keep the laws of the physical and spiritual universe. An imperfect intelligence, imperfectly taught, and this is the condition of our finite humanity, will certainly fail to keep all these laws perfectly. Disease is one of the penalties of one of the forms of such failure. It is prefigured in the perturbations of the planets, in the disintegration of the elemental masses; it has left its traces in the fossil organisms of extinct creations.* But it is especially the prerogative, I had almost said privilege, of educated and domesticated beings, from man down to the potato, serving to teach them and such as train them the laws of life, and to get rid of those who will not mind or cannot be kept subject to these laws.

Disease being always an effect, is always in exact proportion to the sum of its causes, as much in the case of Spigelius, who dies of a scratch, as in that of the man who recovers after an iron bar has been shot through his brain. The one prevalent failing of the medical art is to neglect the causes and quarrel with the effect.

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* Prof. Agassiz has kindly handed me the following note:—

"There are abnormal structures in animals of all ages anterior to the creation of mankind. Malformed specimens of Crinoids are known from the Triassic and Jurassic deposits. Malformed and diseased bones of tertiary mammalia have been collected in the caverns of Gailenreuth with traces of healing."

Prof. Jeffries Wyman has also favored me with an interesting communication, from which I extract this statement:—

"Necrosis, caries, anchylosis and osteophytes have been observed in fossil bones. Zeis (Leipsic, 1856) has written a memoir on the specimens of this nature contained in the Royal Cabinet of Natural History at Dresden."

There are certain general facts which include a good deal of what is called and treated as disease. Thus, there are two opposite movements of life to be seen in cities and elsewhere, belonging to races which, from various persistent causes, are breeding down and tending to run out, and to races which are breeding up, or accumulating vital capital—a descending and an ascending series. Let me give an example of each; and that I may incidentally remove a common impression about this country as compared with the old world, an impression which got tipsy with conceit and staggered into the attitude of a formal proposition in the work of Dr. Robert Knox,* I will illustrate the downward movement from English experience, and the upward movement from a family history belonging to this immediate neighborhood.

Miss Nightingale speaks of "the fact so often seen of a great-grandmother, who was a tower of physical vigor, descending into a grandmother perhaps a little less vigorous, but still sound as a bell, and healthy to the core, into a mother languid and confined to her carriage and house, and lastly into a daughter sickly and confined to her bed." So much for the descending English series; now for the ascending American series.

Something more than one hundred and thirty years ago there was graduated at Harvard College a deli-

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* "Already the Anglo-Saxon rears with difficulty his offspring in Australia: it is the same in most parts of America. But for the supplies they receive from Europe the race would perish, even in these most healthy climates."—*The Races of Men.* Philadelphia, 1850. P. 317.

cate youth, who lived an invalid life and died at the age of about fifty. His two children were both of moderate physical power, and one of them diminutive in stature. The next generation rose in physical development, and reached eighty years of age and more in some of its members. The fourth generation was of fair average endowment. The fifth generation, great-great-grandchildren of the slender invalid, are several of them of extraordinary bodily and mental power; large in stature, formidable alike with their brains and their arms, organized on a more extensive scale than either of their parents.

This brief account illustrates *incidentally* the fallacy of the universal-degeneration theory applied to American life; the same on which one of our countrymen has lately brought some very forcible facts to bear in a muscular discussion of which we have heard rather more than is good for us. But the two series, American and English, ascending and descending, were adduced with the main purpose of showing the immense difference of vital endowments in different strains of blood; a difference to which all ordinary medication is in all probability a matter of comparatively trivial purport. Many affections which art has to strive against might be easily shown to be vital to the well-being of society. Hydrocephalus, tabes mesenterica and other similar maladies, are natural agencies which cut off the children of races that are sinking below the decent minimum which nature has established as the condition of viability, before they reach the age of reproduction. They are really not so much diseases, as mani-

festations of congenital incapacity for life; the race would be ruined if art could ever learn always to preserve the individuals subject to them. We must do the best we can for them, but we ought also to know what these "diseases" mean.

Again, invalidism is the normal state of many organizations. It can be changed to disease, but never to absolute health by medicinal appliances. There are many ladies, ancient and recent, who are perpetually taking remedies for irremediable pains and aches. They *ought* to have head-aches and back-aches and stomach-aches; they are not well if they do not have them. To expect them to live without frequent twinges, is like expecting a doctor's old chaise to go without creaking; if it did, we might be sure the springs were broken. There is no doubt that the constant demand for medicinal remedies from patients of this class leads to their over-use; often in the case of cathartics, sometimes in that of opiates. I have been told, by an intelligent practitioner in a western town, that the constant prescription of opiates by certain physicians in his vicinity has rendered the habitual use of that drug in all that region very prevalent; more common, I should think, than alcoholic drunkenness in the most intemperate localities of which I have known anything. A frightful endemic demoralization betrays itself in the frequency with which the haggard features and stooping shoulders of the opium-drunkards are met with in the streets.

The next proposition I would ask you to consider, is this:—

The *presumption* always is that every noxious

agent, including medicines proper, which hurts a well man, hurts a sick one. [*Note B.*]

Let me illustrate this proposition before you decide upon it. If it were known that a prize-fighter were to have a drastic purgative administered two or three days before a contest, or a large blister applied to his back, no one will question that it would affect the betting on his side unfavorably; we will say to the amount of five per cent. Now the drain upon the resources of the system produced in such a case must be at its minimum, for the subject is a powerful man, in the prime of life, and in admirable condition. If the drug or the blister takes five per cent from his force of resistance, it will take at least as large a fraction from any invalid. But this invalid has to fight a champion who strikes hard, but cannot be hit in return, who will press him sharply for breath, but will never pant himself while the wind can whistle through his fleshless ribs. The suffering combatant is liable to want all his stamina, and five per cent may lose him the battle.

All noxious agents, all appliances which are not natural food or stimuli, all medicines proper, cost a patient, on the average, five per cent of his vital force, let us say. Twenty times as much waste of force produced by any of them, that is, would exactly kill him, nothing less than kill him, and nothing more. If this, or something like this, is true, then all these medications are, *prima facie*, injurious.

In the game of Life-or-Death, *Rouge et Noir*, as played between the Doctor and the Sexton, this five per cent, this certain small injury entering into the

chances, is clearly the sexton's perquisite for keeping the green table, over which the game is played, and where he hoards up his gains. Suppose a blister to diminish a man's pain, effusion or dyspnœa to the saving of twenty per cent in vital force; his profit from it is fifteen, in that case, for it always hurts him five to begin with, according to our previous assumption.

Presumptions are of vast importance in medicine, as in law. A man is presumed innocent until he is proved guilty. A medicine—that is, a noxious agent, like a blister, a seton, an emetic, or a cathartic—should always be presumed to be hurtful. It always is *directly* hurtful; it may sometimes be indirectly beneficial. If this presumption were established, and disease always assumed to be the innocent victim of circumstances, and not punishable by medicines, that is, noxious agents, or poisons, until the contrary was shown, we should not so frequently hear the remark commonly, perhaps erroneously, attributed to Sir Astley Cooper, but often repeated by sensible persons, that, on the whole, more harm than good is done by medication. Throw out opium, which the Creator himself seems to prescribe, for we often see the scarlet poppy growing in the cornfields, as if it were foreseen that wherever there is hunger to be fed there must also be pain to be soothed; throw out a few specifics which our art did not discover, and is hardly needed to apply [*Note C*]; throw out wine, which is a food, and the vapors which produce the miracle of anæsthesia, and I firmly believe that if the whole materia medica, *as now used*, could be sunk to the

bottom of the sea, it would be all the better for mankind,—and all the worse for the fishes.

But to justify this proposition, I must add that the injuries inflicted by over-medication are to a great extent masked by disease. Dr. Hooker believes that the *typhus syncopalis* of a preceding generation in New England, "was often in fact a brandy and opium disease." How is a physician to distinguish the irritation produced by his blister from that caused by the inflammation it was meant to cure? How can he tell the exhaustion produced by his evacuants from the collapse belonging to the disease they were meant to remove?

Lastly, medication without ensuring favorable hygienic conditions, is like amputation without ligatures. I had a chance to learn this well of old, when physician to the Broad Street district of the Boston Dispensary. There, there was no help for the utter want of wholesome conditions, and if any body got well under my care, it must have been in virtue of the rough-and-tumble constitution which emerges from the struggle for life in the street gutters, rather than by the aid of my prescriptions.

But if the materia medica were lost overboard, how much more pains would be taken in ordering all the circumstances surrounding the patient (as can be done everywhere out of the crowded pauper districts), than are taken now by too many who think they do their duty and earn their money when they write a recipe for a patient left in an atmosphere of domestic malaria, or to the most negligent kind of nursing! I confess that I should think my chance

of recovery from illness less with Hippocrates for my physician and Mrs. Gamp for my nurse, than if I were in the hands of Hahnemann himself, with Florence Nightingale or good Rebecca Taylor to care for me.

If I am right in maintaining that the presumption is always against the use of noxious agents in disease, and if any whom I might influence should adopt this as a principle of practice, they will often find themselves embarrassed by the imperative demand of patients and their friends for such agents where a case is not made out against this standing presumption. I must be permitted to say, that I think the French, a not wholly uncivilized people, are in advance of the English and ourselves in the art of prescribing for the sick without hurting them. And I do confess that I think their varied ptisans and syrups are as much preferable to the mineral regimen of bug-poison and ratsbane, so long in favor on the other side of the Channel, as their art of preparing food for the table to the rude cookery of those hard-feeding and much-dosing islanders. We want a reorganized *cuisine* of invalidism, perhaps as much as the culinary reform for which our lyceum lecturers, and others who live much at hotels and taverns, are so urgent. Will you think I am disrespectful if I ask whether, even in Massachusetts, a dose of calomel is not sometimes given by a physician on the same principle as that upon which a landlord occasionally prescribes bacon and eggs,—because he cannot think of any thing else quite so handy? I leave my suggestion of borrowing a hint from French practice to your mature consideration.

I may, however, call your attention, briefly, to the singular fact, that English and American practitioners are apt to accuse French *medical* practice of inertness, and French *surgical* practice of unnecessary activity. Thus, Dr. Bostock considers French medical treatment, with certain exceptions, as "decidedly less effective" than that of his own country.* Mr. S. Cooper, again, defends the simple British practice of procuring union by the first intention against the attacks of M. Roux and Baron Larrey.† We have often heard similar opinions maintained by our own countrymen. While Anglo-American criticism blows hot and cold on the two departments of French practice, it is not, I hope, indecent to question whether all the wisdom is necessarily with us in both cases.

Our art has had two or three lessons which have a deep meaning to those who are willing to read them honestly. The use of water-dressings in surgery completed the series of reforms by which was abolished the "coarse and cruel practice" of the older surgeons, who with their dressings and acrid balsams, their tents and leaden tubes, "absolutely delayed the cure." The doctrine of Broussais, transient as was its empire, reversed the practice of half of Christendom for a season, and taught its hasty

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* Hist. of Med. in Cyc. of Prac. Med., Vol. i., p. 70.

† Cooper's Surg. Dict., Art. *Wounds*. Yet Mr. John Bell gives the French surgeons credit for introducing this doctrine of adhesion, and accuses O'Halleran of "rudeness and ignorance," and "bold uncivil language," in disputing their teachings.—(*Princ. of Surgery*, Vol. i., p. 42.) Mr. Hunter succeeded at last in naturalizing the doctrine and practice, but even he had to struggle against the perpetual jealousy of rivals, and died at length assassinated by an insult.

disciples to shun their old favorite remedies as mortal poisons. This was not enough permanently to shift the presumption about drugs where it belonged, and so at last, just as the sympathetic powder and the Unguentum Armarium came in a superstitious age to kill out the abuses of external over-medication, the solemn farce of Homœopathy was enacted in the face of our own too credulous civilization, that under shelter of its pretences the "inward bruises" of over-drugged viscera might be allowed to heal by the first intention. Its lesson we must accept, whether we will or not; its follies we are tired of talking about. The security of the medical profession against this and all similar fancies, is in the average constitution of the human mind with regard to the laws of evidence.

My friends and brothers in Art! There is nothing to be feared from the utterance of any seeming heresy to which you may have listened. I cannot compromise your collective wisdom. If I have strained the truth one hair's breadth for the sake of an epigram or an antithesis, you are accustomed to count the normal pulse-beats of sound judgment, and know full well how to recognize the fever throbs of conceit and the nervous palpitations of rhetoric.

The freedom with which each of us speaks his thought in this presence, belongs in part to the assured position of the Profession in our Commonwealth, to the attitude of Science, which is always fearless, and to the genius of the soil on which we stand, from which Nature withheld the fatal gift of

malaria only to fill it with exhalations that breed the fever of inquiry in our blood and in our brain. But mainly we owe the large license of speech we enjoy to those influences and privileges common to us all as self-governing Americans.

This Republic is the chosen home of *minorities*, of the less power in the presence of the greater. It is a common error to speak of our distinction as consisting in the rule of the majority. Majorities, the greater material powers, have always ruled before. The history of most countries has been that of majorities,—mounted majorities, clad in iron, armed with death, treading down the tenfold more numerous minorities. In the old civilizations they root themselves like oaks in the soil; men must live in their shadow or cut them down. With us the majority is only the flower of the passing noon, and the minority is the bud which may open in the next morning's sun. We must be tolerant, for the thought which stammers on a single tongue to-day, may organize itself in the growing consciousness of the time, and come back to us like the voice of the multitudinous waves of the ocean on the morrow.

Twenty-five years have passed since one of your honored Presidents spoke to this Society of certain limitations to the power of our Art, now very generally conceded. Some were troubled, some were almost angry, thinking the Profession might suffer from such concessions. It has certainly not suffered here; if, as some affirm, it has lost respect anywhere, it was probably for other, and no doubt sufficient reasons.

Since that time the civilization of this planet has changed hands. Strike out of existence at this moment every person who was breathing on that day, May 27th, 1835, and every institution of society, every art and every science would remain intact and complete in the living that would be left. Every idea the world then held has been since dissolved and recrystallized.

We are repeating the same process. Not to make silver shrines for our old divinities, even though by this craft we should have our wealth, was this Society organized and carried on by the good men and true who went before us. Not for this, but to melt the gold out of the past, though its dross should fly in dust to all the winds of heaven, to save all our old treasures of knowledge and mine deeply for new, to cultivate that mutual respect of which outward courtesy is the sign, to work together, to feel together, to take counsel together, and to stand together for the truth, now, always, here, everywhere; for this our fathers instituted and we accept the offices and duties of this time-honored Society.

NOTES.

Some passages contained in the original manuscript of the Address, and omitted in the delivery on account of its length, are restored in the text or incorporated with these Notes.

NOTE A.—(P. 322.)

There is good reason to doubt whether the nitrate of silver has any real efficacy in epilepsy. It has seemed to cure many cases, but epilepsy is a very uncertain disease, and there is hardly anything which has not been supposed to cure it. Dr. Copland cites many authorities in its favor, most especially Lombard's cases. But De la Berge and Monneret (Comp. de Méd., Paris), 1839, analyze these same cases, eleven in number, and can only draw the inference of a very questionable value in the supposed remedy. Dr. James Jackson says that relief of epilepsy is not to be attained by any medicine with which he is acquainted, but by diet. (Letters to a Young Physician, p. 67.) Guy Patin, Dean of the Faculty of Paris, Professor at the Royal College, Author of the *Antimonial Martyrology*, a wit and a man of sense and learning, who died almost two hundred years ago, had come to the same conclusion, though the chemists of his time boasted of their remedies. "Did you ever see a case of epilepsy cured by nitrate of silver?" I said to one of the oldest and most experienced surgeons in this country. "Never," was his instant reply. Dr. Twitchell's experience was very similar. How, then, did nitrate of silver come to be given for epilepsy? Because, as Dr. Martin has so well reminded us, lunatics were considered formerly to be under the special influence of Luna, the moon, (which Esquirol, be it observed, utterly denies), and lunar caustic, or nitrate of silver, is a salt of that metal which was called luna from its whiteness, and of course must be in the closest relations with the moon, It follows beyond all reasonable question that the moon's metal, silver, and its preparations, must be the specific remedy for moon-blasted maniacs and epileptics!

Yet the practitioner who prescribes the nitrate of silver supposes he is guided by the solemn experience of the past, instead of by its idle fancies. He laughs at those old physicians who placed such confidence in the right hind hoof of an elk as a remedy for the same disease, and leaves the record of his own belief in a treatment quite as fanciful and far more objectionable, written in indelible ink upon a living tablet where he who runs may read it for a whole generation, if nature spares his walking advertisement so long.

NOTE B.—(P. 336.)

The *presumption* that a man is innocent until he is proved guilty, does not mean that there are no rogues, but lays the *onus probandi* on the party to which it properly belongs. So with this proposition. A noxious agent should never be employed in sickness unless there is ample evidence in the particular case to overcome the general presumption against all such agents,—and the evidence is very apt to be defective.

The miserable delusion of Homœopathy builds itself upon an axiom directly the opposite of this; namely, that the sick are to be cured by poisons. *Similia similibus curantur* means exactly this. It is simply a theory of universal poisoning, nullified in practice by the infinitesimal contrivance. The only way to kill it and all similar fancies, and to throw every quack nostrum into discredit, is to root out completely the suckers of the old rotten superstition that whatever is odious or noxious is likely to be good for disease. The current of sound practice with ourselves is, I believe, setting fast in the direction I have indicated in the above proposition. To uphold the exhibition of noxious agents in disease, as the *rule*, instead of admitting them cautiously and reluctantly as the *exception*, is, as I think, an eddy of opinion in the direction of the barbarism out of which we believe our art is escaping. It is only through the enlightened sentiment and action of the Medical Profession that the community can be brought to acknowledge that drugs should "always be regarded as evils."

It is true that some suppose, and our scientific and thoughtful associate, Dr. Gould, has half countenanced the opinion, that there may yet be discovered a specific for every disease. Let us not despair of the future, but let us be moderate in our expectations. When an oil is discovered that will make a bad watch keep good time; when a recipe is given which will turn an acephalous fœtus into a promising child; when a man can enter the second time into his mother's womb and give her back the infirmities which twenty generations have stirred into her blood, we may be prepared to enlarge the National Pharmacopœia with a list of specifics for everything but old age,—and possibly for that also.

NOTE C.—(P. 337.)

The term specific is used here in its ordinary sense, without raising the question of the propriety of its application to these or other remedies.

The credit of introducing *Cinchona* rests between the Jesuits, the Countess of Chinchon, the Cardinal de Lugo, and Sir Robert Talbor, who employed it as a secret remedy. (Pereira.) *Mercury* as an internal specific remedy was brought into use by that "impudent and presumptuous quack," as he was considered, Paracelsus. (Encyc. Brit., Art. *Paracelsus.*) *Arsenic* was introduced into England as a remedy for intermittents by Dr. Fowler, in consequence of the success of a patent medicine, the Tasteless Ague Drops, which were supposed, "probably with reason," to be a preparation of that mineral. (Rees' Cyc., Art. *Arsenic.*) *Colchicum* came into notice in a similar way, from the success of the *Eau Medicinale* of M. Husson, a French military officer. (Pereira.) Iodine was discovered by a saltpetre manufacturer, but applied by a physician in place of the old remedy, burnt sponge, which seems to owe its efficacy to it. (Dunglison, New Remedies.) As for *Sulphur*, "the common people have long used it as an ointment" for scabies. (Rees' Cyc., Art. *Scabies.*) The modern *antiscorbutic* regimen is credited to Captain Cook. "To his sagacity we are indebted for the first impulse to those regulations by which scorbutus is so successfully prevented in our navy." (Lond. Cyc. Prac. Med., Art. *Scorbutus.*) *Iron* and various salts which enter into the normal composition of the human body do not belong to the materia *medica* by our definition, but to the materia *alimentaria.* For the first introduction of iron as a remedy, see Pereira, who gives a very curious old story.

The statement in the text concerning a portion of the materia medica stands exactly as delivered, and is meant exactly as it stands. No denunciation of drugs as sparingly employed by a wise physician, was or is intended. If, however, as Dr. Gould stated in his "valuable and practical discourse" to which the Massachusetts Medical Society "listened with profit as well as interest," "Drugs, in themselves considered, may always be regarded as evils,"—any one who chooses may question whether the evils from their abuse are, on the whole, greater or less than the undoubted benefits obtained from their proper use. The large exception of *opium*, *wine*, *specifics*, and *anæsthetics*, made in the text, takes off enough from the useful side, as I fully believe, to turn the balance; so that a vessel containing none of these, but loaded with antimony, strychnine, acetate of lead, aloes, aconite, lobelia, lapis infernalis, stercus diaboli, tormentilla, and other approved, and, in skilful hands, really useful remedies, brings, on the whole, more harm than good to the port it enters.

"It is a very narrow and unjust view of the practice of medicine, to suppose it to consist altogether in the use of powerful drugs, or of drugs of any kind. Far from it." "The physician may do very much for the welfare of the sick, more than others can do, although he does not, even in the major part of cases, undertake to control and overcome the disease by art. It was with these views that I never reported any patient *cured* at our hospital. Those who recovered their health were reported as *well*, not implying that they were made so by the active treatment they had received there. But it was to be understood that all patients received in that house were to be cured, that is, taken care of." (Letters to a Young Physician, by JAMES JACKSON, M.D., Boston, 1855.)

"Hygienic rules, properly enforced, fresh air, change of air, travel, attention to diet, good and appropriate food judiciously regulated, together with the administration of our tonics, porter, ale, wine, iron, etc., supply the diseased or impoverished system with what Mr. Gull, of St. Bartholomew's Hospital, aptly calls 'the raw material of the blood;' and we believe that if any real improvement has taken place in medical practice, independently of those truly valuable contributions we have before described, it is in the substitution of tonics, stimulants and general management, for drastic cathartics, for bleeding, depressing agents, including mercury, tartar emetics, etc., so much in vogue during the early part even of this century."—(F. P. PORCHER, *in Charleston Med. Journal and Review*, for Jan. 1860.)

LIST OF DECEASED MEMBERS.

Admitted.	Name.	Residence.	Age.
1816	Benjamin Rogers	Connecticut	
1820	Stillman Spaulding	Lexington	72
1825	Asa Story	Manchester	
1830	Richard Herbert	Rowley	61
1831	Lawson Myrick	W. Brookfield	63
1832	Marshall S. Perry	Boston	54
1832	Levi B. Gale	Kingston, N. H.	59
1832	Joseph Roby	Baltimore	
1841	Washington B. Alden	Ludlow	60
1841	Jesse W. Rice	N. Wilbraham	64
1841	Henry Lincoln	Lancaster	55
1842	James Thompson	Northampton	
1844	George Wright	Montague	57
1850	Samuel R. Philbrick	Portland	
1851	William L. Jackson	Pittsfield	32
1851	N. J. Wilson	Pittsfield	
1852	Adams Wiley	Roxbury	33

OBITUARIES.

The notices of Drs. Perry and Roby were written by the author of the foregoing Address. The sources of the others are indicated.

STILLMAN SPAULDING.

Stillman Spaulding died in Lexington, May 26, aged seventy-one years and seven months. Dr. Spaulding was one of the oldest and most highly esteemed citizens of Lexington, where he had spent forty-nine years of his valuable life in the practice of medicine, forty-seven of which he had resided in the dwelling-house now occupied by his family. He was born in Chelmsford, Aug. 17, 1788, commenced studying his profession with Dr. Matthias Spaulding, at Amherst, N. H,

and completed his studies with Dr. Rufus Wyman, at Chelmsford. He came to Lexington in 1811. He was a member of the Massachusetts Medical Society, and also of the Hiram Lodge of Free and Accepted Masons. With only a preparatory collegiate education, he was, nevertheless, a thorough scholar as well as practitioner. Every leisure moment, to the hour of his sudden death, almost, was devoted to reading. With a most tenacious memory, his mind was stored with historical as well as scientific incidents and data. An affection of the heart had for some time past admonished him of approaching dissolution, and he had placed his affairs in order accordingly. Last month he discontinued his subscriptions to several publications, among them the Boston *Advertiser*, which he had taken from its commencement. The last charge made on his day book was at the end of the last leaf. On the morning of his decease, he visited a patient at Burlington; returning home, he dined, and subsequently called at the house of his daughter. At 4 o'clock, only an hour before his decease, the writer saw him passing down the street to visit a second patient. Going back to his house, he sat a few moments reading, when his attention was diverted by some cattle breaking into the garden. He threw down his newspaper, walked out hurriedly, laid down and died peacefully.—*From a Notice in the Boston Journal.*

RICHARD HERBERT.

Richard Herbert was born in Rumney, N. H., in the year 1798. At the age of fourteen he removed to Concord, where he soon after entered on a course of study with reference to his profession. He took the degree of Doctor of Medicine at Dartmouth College at the age of twenty-four, married and began to practise in his native town. Thence he removed in succession to Rowley, Mass., to Georgetown, and again back to Rowley, where he continued to practise until his death. He was energetic, diligent and successful in his profession. He performed efficient service in the churches of Georgetown and of Rowley. In addition to his other labors, he discharged the duties of Justice of the Peace. On the 27th of July, 1859, he attended to his professional business until noon, when he was suddenly prostrated with symptoms of cholera, and died the next morning at three o'clock.

A brother physician who had been a classmate of his and had known him intimately for more than thirty years, says, that during this period he had often met with him professionally and otherwise, and always with pleasure, esteeming him for his professional knowledge and glad to avail himself of his judgment in difficult cases. Many families, not

only in Rowley, but also in the adjoining towns, feel deeply being thus suddenly deprived of the counsels and care of the physician of their choice, and many hearts are yet in sorrow as the long tested skill and kindness and untiring assiduity of him who sleeps in death come up in kindly recollection.—*From Mr. Charles Herbert's Letter.*

MARSHALL SEARS PERRY.

Marshall Sears Perry was born in the town of Barre, Massachusetts, June 15th, 1805, and died in Boston, Nov. 18th, 1859.

His parents were of good repute, but not able to give him all the advantages of early instruction. He began, as so many successful men have done, by laboring on a farm. The desire for knowledge grew up in his mind, and he conceived the design of obtaining a College education. He actually succeeded in fitting himself to enter College, but was unable to obtain the necessary means for carrying out his plan. He had learned enough, however, to become an instructor, and taught school for a while in a town upon "the Cape."

He now turned his thoughts to the study of medicine, entered the office of the late Dr. Doane, of Boston, and in due time took his degree at the Medical School of Harvard University. He commenced practice at the southern part of Boston, his office being in or near Hollis Street. At this time he was largely burdened with debt. Business came slowly at first, but steadily increased, until his name began to be mentioned as one of the most rapidly rising among the young practitioners of the city. "Assiduous in his attention to business; systematic almost to a fault; of a strong will and untiring perseverance; constantly studying the art of medicine, reading after midnight, and often when his system was almost exhausted by his day's work; sympathizing, earnest, faithful, generous, genial, conscious of his deficiencies, unwavering in his efforts to make up for the want of an early education, modest, but decided,"—such is the character drawn of him by the medical friend who knew him perhaps better than any other. What wonder that he reached the summit of success and reputation, and found all his powers tasked by the extent of his practice!

Dr. Perry was made for a working physician. He had a good person, a grave, mild countenance, a serviceable constitution, a quiet, soothing air, with a look of firmness which could be depended upon in emergencies, and running throughout person, character, manners and speech, that harmony which makes the physician's visit as welcome to the patient's chamber, as the lover's to his lady's bower.

His very foot had music in't
As he came up the stair.

Dr. Perry left very little record of his mode of practice. It is a striking proof of the change in the opinions of the profession as to the causes of professional success, that so little curiosity is felt to know what were his favorite prescriptions. It is the wisdom and devotion of the man that makes the true physician,—not the particular formulæ he employed, or even the special remedies he affected. He had great confidence in nature, and would abstain from all active interference in cases which would have led many less wise and experienced practitioners to the use of "heroic" measures.

I find the following sentence in his Address before this Society. "It was a remark made by one of our most eminent physicians, near the close of a long and useful life, 'that he could not say how much good he had done by giving medicine; but he had the satisfaction of believing, that he had done some good by his advice to his patients in regard to the means which they should take to prevent disease, and prolong their lives.'" He would hardly have quoted this remark without protest, if he had disapproved the old physician's modest doubt as to the relative efficacy of his active remedies.

Dr. Perry married, soon after commencing practice, the daughter of Dr. Jeremy Stimson, of Dedham, an admirable woman, hardly separated from him by death, as he survived her less than two years. Six children were left to mourn for him, but there was a larger family of patients and of friends that wept for him as if they had been of the same blood. His disease (an organic affection of the intestines) was slow in its progress, and had prepared the whole community for its fatal issue, yet his death was felt as a public calamity. His life had been eminently useful, his cheerful religious trust had gone with him through life, and it sustained him in the view of death. No man has died among us leaving a fairer record, and it would be hard to find anywhere a better proof that the sterling qualities which make the good physician are as sure now as they ever were to be recognized and rewarded, not merely with prosperity, but with the love and honor which they have always claimed since the time when the Father of Medicine was worshipped as a Divinity.

JOSEPH ROBY.

The following notice of this distinguished member of the Society was furnished, by the author, to the Boston Daily Advertiser.

Joseph Roby, who died in Baltimore on Sunday, June 3d, was formerly a practitioner in Boston and afterwards a Professor in the Medical Schools of Dartmouth and Bowdoin Colleges. For the last sixteen

years he has been Professor of Anatomy and Physiology in the University of Maryland. Many persons have therefore come into relations with him, and yet few men were less known. Of the very limited number that knew and loved him, the writer of this notice was one. It was his singular privilege to enjoy a long friendship with this remarkable, almost unknown man, to have lived for a time under the same roof with him, and to have maintained a correspondence with him for more than twenty years.

The peculiarities of Dr. Roby were so much a part of his nature, that it would be impossible to do him justice without first mentioning some of those which stood in the way of a more general recognition of his high qualities. He was born with a delicate nervous and melancholic temperament, which betrayed itself in his slight, spare figure, his grave cast of features, his shadowy complexion, to which a striking effect was added by exquisitely arched, sharply-pencilled eyebrows, such as it would be hard to match on any living face.

When he first began the study of medicine with Drs. Jackson and Channing, he soon distinguished himself as an insatiable reader. It was not easy to find this silent youth books enough to supply his demands. Laborious, sagacious, exemplary, devoted to the study of his profession, singularly accurate as an observer, and shrewd as a judge of men, he came forward in the practice of medicine with the highest intellectual qualifications.

One thing he lacked, the same quality which he himself once pointed out as essential to the physician's success. He did not heartily want to get business. He did not love patients as such, as the working physician must love them. He was shy by nature; he was solitary by habit. He talked too plainly from his convictions to be always harmless. He regarded the face of man less, perhaps, than a consideration for each others' weaknesses should teach us to do. He saw too keenly into the minds and hearts of others, to be always as charitable as those whose good nature is in proportion to the defect of their vision. He felt himself that he was not adapted for the practice of medicine, and very soon deserted it for the more congenial office of teaching.

His great excellence in this capacity was immediately recognized. He was clear, methodical, exact, conscientious, laborious, self-reliant, and thought of nothing but his duties, while the lecture season lasted. His knowledge extended to the various provinces of medical science, so that he has delivered the lectures on Anatomy and those on Theory and Practice at the same Institution. As a lecturer in the department which he taught in the University of Maryland, he was acknowledged to rank among the first in the country. Though he rarely appeared in print, the many classes of students whom he instructed formed a public

for him, and gave him a reputation more considerable than is often awarded to medical authorship.

Dr. Roby's health has been declining for some years. He visited his early home in Boston during the last summer, but only as an invalid, and never resumed his duties in the University after his return. Some months since he resigned his chair, and received the honorary appointment of Professor Emeritus. His death took place not unexpectedly to his friends or himself. According to his often expressed wish, his body was brought to this city, and in the presence of a very few friends and connections committed to the earth in the spot he had selected at Mount Auburn.

His character is most truly revealed in his copious letters. These are remarkable, for the spirit with which they are written, for the sharpness of their estimate of persons and passing events, and for the unexpected depth of sentiment they reveal, the extraordinary tenderness of heart, so alien, as it would have seemed, to his shy and outwardly cold nature. If his correspondence could be published, full as it is of personal revelations and confidences not adapted for the general eye, it would be enough to give him a literary reputation. As it is, he has lived without seeking fame and died without leaving any permanent record of himself. No one knew the strong and weak points of his character better than the writer of this notice, and he is not disposed to exaggerate his excellencies. They do not need it. He was not only a man of superior intellect, but a fast and faithful friend, always ready with counsel and aid, not afraid to speak the truth, one who could be an intimate, yet with a tact and delicacy which prevented his intimacy from becoming oppressive; a rare nature, in a word, which a delicate organization unfitted in a measure for the complete and cheerful exercise of all its varied powers, but which leaves a precious memory in a few loving hearts.

The last letter but one I ever received from Dr. Roby, dated May 20th, contains the following sentence in answer to a question I had asked him. It is of peculiar interest, not only because he was a very shrewd and observing man, but because he had himself been for a long time the subject of medical treatment, most kind and skilful, which he truly valued, and mentioned with grateful acknowledgments.

"I believe that, on the whole, more harm is done by the indiscriminate, injudicious, ignorant abuse of drugs than they do good." "A good nurse—holding her patient's life in hand—is in value beyond all drugs."

GEORGE WRIGHT.

George Wright died at the age of fifty-seven, having been born on the first of February, 1802, at Northampton. He began the study of medicine with Dr. David Hunt, of that town, and graduated at the Berkshire Medical Institution in the year 1823. He practised in Montague twenty-three years. He was a kind, honest man, with a strong taste for several branches of science, botany, mineralogy, and especially geology, and leaves a name held in affectionate remembrance.

This brief record, furnished by a relative, has more that is honorable in it than many a long biography.

PROCEEDINGS OF THE COUNCILLORS.

Special Meeting, August, 1854.

A special meeting of the Councillors of the Massachusetts Medical Society was held, Aug. 16, 1854, at 11, A.M., at the Society's room, in Phillips Place, Boston, — the President in the chair.

The following Councillors were present: Drs. George Hayward, John George Metcalf, P. T. Kendall, Horace P. Wakefield, James Ayer, John Flint, A. Chapin, D. Humphreys Storer, Calvin P. Fiske, M. S. Perry, George A. Bethune, John Homans, Henry Dyer, Alexander Le B. Munroe, Benjamin Pond, Henry G. Clark, B. E. Cotting, Horace Dupee, Eben Hunt, Charles Chase, Edward Warren, Erasmus D. Miller, Benjamin Mann, A. A. Watson, H. C. Perkins, Augustus Torrey, Charles E. Ware, Nathaniel B. Shurtleff, John C. Dalton, N. Cutler, Jonathan Brown, Jeremiah Spofford, Augustus A. Gould, Moses Clarke, J. P. Jewett, Z. B. Adams, S. Parkman.

The President stated the object of the meeting to be the consideration of a project for the purchase of a building, now in the market, for the Society's use; the building in question being the Freeman Place Chapel, on Beacon Street.

Dr. Cotting, from the Committee appointed October, 1853, read a report which is on file.

After visiting the building, and a full discussion of the subject, in which many Councillors took part, the report was accepted, and further consideration of the subject indefinitely postponed. At 1½, P.M., the Councillors adjourned.

S. PARKMAN,
Recording Secretary.

OCTOBER MEETING, 1854.

A stated meeting of the Councillors of the Massachusetts Medical Society was held at their room, in Phillips Place, Boston, Oct. 4, 1854, at 11 o'clock, A.M.

The following Councillors were present; viz., Drs. George Hayward, Benjamin Bond, Jacob Hayes, Theodore Kittridge, Moses Clarke, Horace P. Wakefield, S. G. Burnap, N. B. Shurtleff, Edward Jarvis, George Stearns, Alexander Le B. Munroe, John Homans, B. E. Cotting, James Ayer, George A. Bethune, Charles E. Ware, Horace Dupee, John Hoyt, Jacob Bigelow, Benjamin Mann, C. H. Stedman, William Workman, A. A. Gould, George Bartlett, — the President in the chair.

The records of the last meeting were read.

The Recording Secretary reported the following gentlemen to have joined the Society since the last meeting; viz.: —

Dr. Ira Russell	Natick.
„ John E. Hathaway	Worcester.
„ Thomas H. Gage	Sterling.
„ Francis A. Howe	Pepperell.
„ Charles D. Dowse	Waltham.
„ Edward Newhall	Lynn.
„ Edward G. McCormick	Taunton.

Dr. Silas Gifford	E. Stoughton.
„ George Higginson Gallup	Boston.
„ H—— L. Hoffendahl	„
„ Burr Reeve Abbé	„
„ David Roberts	„
„ Lincoln R. Stone	Bolton.
„ Fayette Clapp	Leverett.
„ John V. De Grasse	Boston.
„ Joel Seaverns	W. Roxbury.
„ Edward P. Morong	Cahawba, Ala.
„ Charles A. Ruggles	Salem.
„ Edward P. Abbé	N. Bedford.

The President mentioned that the record used the word "*accepted*" in reference to the Report made by Dr. Cotting at the last meeting, when "*received*" was the proper word, as shown by Cushing's Manual, — it indicating the simple discharge of the Committee.

By vote of the Councillors, the record was altered as suggested by the President.

The Corresponding Secretary read a communication from the Suffolk District Medical Society, stating the reasons why Dr. David R. Brown should be expelled from the Society.

On a motion made by Dr. Jarvis, it was voted that the Councillors refer to the Society the subject of the expulsion of the said Dr. David R. Brown.

On a motion made by Dr. Jarvis, the following resolutions were adopted, and their publication by the Commissioners of Lunacy authorized: —

"*Resolved,* That the Councillors of the Massachusetts Medical Society approve of the objects and purposes of the law of the last Legislature, in ordering an inquiry as to the number and condition of the insane and idiotic persons within this Commonwealth. They approve of the plan and manner which the Commissioners on Lunacy have adopted, in making this inquiry through the several members of the medical profession in the State.

"*Resolved,* That the Councillors recommend to all the Fellows of the Massachusetts Medical Society to co-operate with and aid the Commissioners in this work, to make early report of the facts required by the Legislature, and to lend their influence to persuade all other Medical Practitioners,

the Overseers of the Poor, and other public officers of whom this information is asked, to do the same, in order that this Survey of Lunacy and Idiocy in Massachusetts may be complete.

"*Resolved*, That these resolutions oe published in the medical and other journals, signed by the President and Secretary of the Society."

Adjourned.

S. PARKMAN,
Recording Secretary.

FEBRUARY MEETING, 1855.

A stated meeting of the Councillors of the Massachusetts Medical Society was held at the room of the Society, in Phillips Place, Boston, Feb. 7, 1855, at 11 o'clock, A.M.

The following Councillors were present: Drs. George Hayward, J. G. Metcalf, D. King, B. Atkinson, E. Hunt, J. Brown, B. E. Cotting, J. Mason Warren, T. Kittredge, T. Rickard, E. Palmer, jun., L. Goodenough, J. Ayer, E. Jarvis, B. Pond, J. P. Jewett, H. Dyer, G. A. Bethune, J. Hoyt, H. Dupee, C. Chase, J. Jeffries, J. Homans, A. A. Gould, C. P. Fiske, H. I. Bowditch, W. Workman, A. A. Watson, C. E. Ware, A. Cornish, S. Sargent, — the President in the chair.

The Corresponding Secretary read the records of the last meeting.

The following persons were reported to have joined the Society: —

Dr. John D. Walsh	Boston.
„ Thomas L. Jenks	„
„ J—— B. Whitney	Lee.
„ C—— C. Holcomb	Lee.
„ Clarkson T. Collins	Great Barrington.
„ Daniel S. Fiske	Brookfield.
„ John Barnes	Milford.

The President, after an appropriate reference to the recent

deaths of Dr. Z. B. Adams and Dr. S. Parkman, stated, that, by the decease of the latter, the office of Recording Secretary had become vacant, and that the By-laws require the Councillors to fill such vacancies "as soon as may be convenient."

Voted to proceed at once to fill the vacancy.

Dr. Metcalf was appointed to collect and count the votes; and soon after reported, that, having received all the ballots but one, Dr. B. E. Cotting, of Roxbury, was chosen Recording Secretary.

The Corresponding Secretary read a letter, dated Worcester, Jan. 11, 1855, and signed by Rufus Woodward, as Secretary of the Worcester District Society, certifying to the election, by that Society, of Dr. Rufus Woodward, of Worcester, as a delegate, with others, to the American Medical Association, to meet at Philadelphia in May next.

The letter went on to say, that, "Dr. Woodward never having signed the By-laws of the Massachusetts Medical Society, it was voted that his name be allowed to remain on the list, and that the question of his eligibility be referred to the Board of Councillors at the next meeting."

It was here stated, by several members of the Worcester Society present, that Dr. Woodward was not a member of the Massachusetts Medical Society; nevertheless, he had been admitted into the Worcester District Society, had been chosen their Secretary, and had now been elected one of their delegates to the American Medical Association.

A very general discussion followed these statements; in which it was maintained, without dissent, that no one could legally become a member of a District Society without first joining the Parent Society; that this matter was clearly stated in the statutes incorporating the Massachusetts Medical Society, as well as in its own By-laws; and that the admission into a District Society of any person who had not first become a member of the Massachusetts Society, or his election to any office in the gift of such District Society, must of necessity be illegal and void.

On motion of Dr. J. G. Metcalf, the following preamble and votes were adopted: —

"Concerning the matter referred to the Councillors by the Worcester District Medical Society, whether Dr. Rufus Woodward, of Worcester, who has been elected a Delegate to the next American Medical Association (he not being a member of the Massachusetts Medical Society), can legally hold a seat in that body, —

"*Voted*, That, pursuant to the fifth section of an act in addition to an act entitled 'An act to incorporate certain physicians by the name of the Massachusetts Medical Society,' passed March 8, 1803, Dr. Rufus Woodward cannot be considered a Delegate to said Association.

"*Voted*, That notice of this vote be communicated to the President of the Worcester District Medical Society, so that the vacancy in the delegation to the American Association, hereby created, may be filled."

The same letter from Dr. Woodward also stated, that, "in the Transactions of the American Medical Association for 1854, the name of Dr. Joseph N. Bates, of Barre, stands entered, by himself, as a Delegate from the Worcester District Medical Society.

"As Dr. Joseph N. Bates is not a member of the Worcester District Medical Society, and never has been, nor yet is he a Delegate chosen by this Society; therefore it was voted, that the name of Dr. Joseph N. Bates, of Barre, in its connection with the Worcester District Medical Society in the Transactions of the American Medical Association, be brought before the Board of Councillors at the next meeting, praying them to rectify the error."

Other letters were read by the Corresponding Secretary, showing that Dr. Joseph N. Bates had no authority whatever to represent himself a Delegate to the American Medical Association, and that he has never been a member of the Massachusetts Medical Society.

After considerable discussion, and after several motions had been made, modified, and withdrawn, Dr. E. Palmer, jun., of Boston, moved the following: —

"That the Corresponding Secretary of the Massachusetts Medical Society communicate to the Corresponding Secretary of the American Medical Association the facts bearing upon the appearance of Dr. Joseph N. Bates,

of Barre, at the annual meeting of the Association at St. Louis, and request that the name of Dr. Bates be stricken from the list of members of the American Association."

Dr. E. Hunt, of Danvers, moved a division of the question. — Not voted.

Dr. Palmer's motion was then adopted *nem. con.*

The Corresponding Secretary also reported a donation of two copies of a work (in folio) on Lithotomy and Lithotripsy, from the author, Dr. E. Buialsky, of St. Petersburg; and, on motion of Dr. Bowditch, it was —

Voted, "That the Corresponding Secretary be directed to acknowledge the receipt of the volumes, and to present the thanks of the Society to the donor.

Voted, "That the duplicate copy be presented to the Library of the Medical College of Harvard University."

A letter was received from Dr. Wm. E. Coale, Secretary of the Censors of the Massachusetts Medical Society for Suffolk District, informing the Councillors, "that, at a meeting of the Board, held Jan. 31, 1855, Dr. Alfred B. Stone, of Sharon, a graduate as M.D. of Jefferson Medical College, Philadelphia, presented himself, and asked admission into the Society. Upon examining him, he avowed himself as practising upon the principles styled Homœopathy; upon which it was determined by the Censors that he was not, according to the intent of the seventh paragraph of the Act of Incorporation of the Massachusetts Medical Society, dated Nov. 1, 1781, 'fitted for the practice of medicine;' and admission was refused him."

"The vote of the Censors . . . . is as follows: 'Resolved, That the Secretary be directed to inform the Councillors of the Massachusetts Medical Society of the action of this Board in the case of Dr. Alfred B. Stone, explaining to them the ground of it, and asking such expression of their views of the matter as may be applicable to all like cases for the future.'"

After general discussion, on motion of Dr. Bowditch, it was —

Voted, "That the Councillors approve of the course adopted by the Censors of the Massachusetts Medical Society for Suffolk District."

On motion of Dr. Spofford, the vote of last year, passed Feb. 1, 1854 (vol. iv. p. 149), relative to the issue of certificates to Delegates to the American Medical Association, was adopted.

The following Committees were appointed: —

On the Treasurer's Accounts.

Dr. E. Hunt	Danvers.
„ J. Jeffries	Boston.

On the Library.

Dr. N. B. Shurtleff	Boston.
„ E. H. Clarke	„

On motion of Dr. Bowditch, it was —

Voted, "That the Treasurer be authorized to allow the Boston Society for Medical Observation to occupy the Councillors' room, a proper compensation being paid for such occupancy.

Voted, "That the annual meeting of the Councillors be held at Springfield, at 7 o'clock, P.M., on the day preceding the annual meeting of the Massachusetts Medical Society."

Adjourned.

B. E. COTTING,
Recording Secretary.

SPECIAL MEETING, MARCH, 1855.

A special meeting of the Councillors of the Massachusetts Medical Society was held at their room, in Phillips Place, Boston, March 8, 1855, at 11 o'clock, A.M.

The following Councillors were present: Drs. G. Stearns, C. Chase, P. M. Crane, M. Clarke, J. P. Jewett, G. Hay-

ward, C. E. Ware, A. A. Watson, J. Flint, E. Palmer, jun., M. S. Perry, B. E. Cotting, — the President in the chair.

The President stated that the meeting had been called to appoint a day for the annual meeting of the Society, this having been overlooked at previous meetings; and that a request had been sent in, from the members residing in Springfield, that the last Wednesday in June may be assigned for the annual meeting.

Voted, "That the annual meeting, to be held at Springfield, be held on Wednesday, June 27, 1855, at 10 o'clock, A.M."

The President stated that he had received from Dr. G. C. Shattuck, one of the Executors and Trustees under the will of the late Dr. G. C. Shattuck, deceased, a request that the Society would adopt the course taken by the Massachusetts Society for Promoting Agriculture, so far as it regards their interest in the legacy bequeathed them.

After full explanation, the following preamble and vote were unanimously adopted: —

"It being represented that the Massachusetts Society for Promoting Agriculture and the Massachusetts Charitable Mechanic Association — which are legatees, jointly with this Society, under the will of the late Dr. George C. Shattuck — are disposed to enter into an arrangement with the Executors of the will, for the purpose of complying with his instructions therein; that the income from the corporate stocks, which he directed to be accumulated for the benefit of these legatees, should be deposited by the Executors with the Massachusetts Hospital Life Insurance Company, on account of them respectively, one-third part for each of them, to accumulate during the three years, as directed in the will; and that, at the expiration of that time, the share of each shall remain in deposit with the said Company for the term of five years, being the shortest time for which said Company take deposits upon trust: —

"It is therefore voted, That the Treasurer be authorized to make such arrangement with the said Societies and the Executors, and the Massachusetts Hospital Life Insurance Company, in behalf of this Society, and to sign such instruments for that purpose, as he may think proper."

Adjourned.

B. E. COTTING,
Recording Secretary.

June Meeting, 1855.

The Annual Meeting of the Councillors of the Massachusetts Medical Society was held at the Warriner House in Springfield, June 26, 1855, at 7 o'clock, P.M., — the President in the chair.

The following Councillors were present: Drs. J. G. Metcalf, H. I. Bowditch, E. Hunt, P. M. Crane, E. Stone, T. R. Boutelle, N. Allen, J. P. Jewett, J. A. Marshall, N. Adams, T. L. Chapman, P. Le B. Stickney, J. Brown, H. Bartlett, C. P. Fiske, C. E. Ware, J. B. Alley, A. A. Gould, A. Mackie, J. Deane, D. Bradford, M. S. Perry, G. Hayward, E. Buck, E. D. Miller, E. Palmer, jun., J. W. D. Osgood, C. M. Fay, B. Cox, jun., D. Bradford, J. Hayes, D. H. Storer, E. B. Braun, H. H. Childs, G. Choate, N. B. Shurtleff, T. Gordon, J. B. S. Jackson, J. Homans, and B. E. Cotting.

The Secretary read the records of the last meeting.

The following gentlemen were reported to have joined the Society since the last meeting: —

John H. Gilbert	East Weymouth.
John K. Palmer	Boston.
McLaurin F. Cooke	„
Francis M. Lincoln	„
Horace Richardson	„
George Fabyan	„
Silas A. Holman	„
John E. Blake	„
Calvin G. Page	„
Samuel B. Flagg	„
Samuel H. Keep	„
Samuel F. Haven, jun.	„
George G. Tucker	„
Zabdiel B. Adams	„
Charles E. Stedman	„
Ezra Bartlett	„
Henry K. Oliver	„
Clement A. Walker	„
Elwell Woodbury	Medford.

William T. S. Brackett	Edgartown.
Jophanus Henderson	Somerville.
Charles D. Dowse	Waltham.
Edward Newhall	Lynn.
Nathaniel O. Bemis	Hubbardston.
George M. Burgess	Blackstone.
J—— H. Brown	West Newton.
Elijah S. Durgin	Littleton.
Anson P. Hooker	East Cambridge.
William Mason	Charlestown.
James R. Morse	North Cambridge.
George A. Otis	Springfield.
J. Marcus Rice	Worcester.
Rufus Woodward	„
Seth Rogers	„
Adoniram J. Wakefield	Hopkinton.
John P. Perkins	Great Barrington.
A—— A. Kendall	New Braintree.
J—— P. Lynde	Hardwick.
Ebenezer Knight	Brimfield.

The first business in order being the choice of officers, Dr. Hayward declined being considered a candidate for the office of President.

Voted, "That a Nominating Committee of one from each District represented be selected by the Chair."

The following gentlemen were appointed: —

Dr. H. H. Childs	Berkshire.
„ A. Mackie	Bristol, South.
„ G. Choate	Essex, South.
„ N. Adams	Hampden.
„ N. Allen	Middlesex, North.
„ J. Hayes	Middlesex, South.
„ E. Stone	Norfolk.
„ T. Gordon	Plymouth.
„ N. B. Shurtleff	Suffolk.
„ J. G. Metcalf	Worcester.

The Councillors then took a recess of half an hour; and, on re-assembling, the Nominating Committee reported the unanimous nomination, for

President	Dr. ELISHA HUNTINGTON	Lowell.
Vice-President . . .	Dr. JAMES DEANE	Greenfield.
Treasurer	Dr. AUGUSTUS A. GOULD	Boston.
Corresponding Secretary	Dr. CHARLES E. WARE	„
Recording Secretary .	Dr. BENJAMIN E. COTTING . . .	Roxbury.
Librarian	Dr. JOHN B. ALLEY	Boston.

Voted, "That each officer be balloted for separately."

The gentlemen whose names were presented by the Nominating Committee were then severally elected.

On the retirement of Dr. Hayward from the chair, on motion of Dr. Storer, of Boston, it was unanimously

Voted, "That the thanks of the Society be presented to our late President, for his uniformly courteous, efficient, and faithful services."

The President elect not being present, the Vice-President, Dr. Deane, took the chair.

The Secretary read a letter from the Bristol North District Society, inviting the Massachusetts Society to hold its next annual meeting in Taunton.

Dr. Bowditch, of Boston, moved that the invitation be accepted; which motion, after long and animated discussion, was decided in the negative.

On motion of Dr. Mackie, of New Bedford, it was —

Voted, "That the next annual meeting be held in Boston.

Voted, "That the Committee on Nominations already appointed be instructed to report the nomination of an Orator, an Anniversary Chairman, and a Committee of Arrangements, four in number, for the next annual meeting."

Dr. Shurtleff having been obliged to leave Springfield, Dr. Homans, of Suffolk, was appointed to fill the vacancy in the Committee.

The Corresponding Secretary reported the application of Drs. Stephen W. Williams, Wm. H. Thayer, and Horatio Bryant, to become retired members, they having removed from the State. — Referred to the Committee on Resignations.

The Corresponding Secretary read a letter from the Suffolk District Medical Society, recommending the expulsion of Dr. Charles W. Calkins, of Boston; and, on motion of Dr. Perry, of Boston, it was voted that the letter, with the accompanying documents, be referred to the Society at its meeting to-morrow.

The Treasurer read his annual report, and a list of the delinquent members of the Society.

The Auditing Committee also read their report, — that they had found the Treasurer's books correctly kept, and properly vouched.

Both these reports were accepted, and placed on file.

The Committee on Resignations made their report, recommending that the following persons be placed on the list of retired members: —

Dr. Horatio Bryant,
„ Stephen W. Williams,
„ Wm. H. Thayer,
„ John E. Sanborn,

who have removed from the State, and have paid their dues; and of Dr. Samuel Johnson, of Salem, who is over sixty years of age, and has paid his dues.

They also recommended that the dues of

Dr. Richard W. Piper . . . . . Woburn,
Dr. Joseph P. Alden . . . . . Cambridgeport,

be remitted.

The report was accepted, and the recommendations were adopted.

The report of the Committee on the Library, read by Dr. Palmer in the absence of the Committee, was accepted, and placed on file.

Dr. Childs, from the Committee on Nominations, reported as follows: —

For Orator	Dr. JOHN G. METCALF . . .	Mendon.
For Anniversary Chairman	Dr. LUTHER V. BELL . . .	Somerville.
For Committee of Arrangements	Dr. WM. J. DALE	Boston.
	Dr. N. B. SHURTLEFF . . .	„
	Dr. C. E. WARE	„
	Dr. B. E. COTTING	Roxbury.

These gentlemen were unanimously chosen.

Voted, on motion of Dr. C. E. Ware, "That the sum of two hundred dollars, in addition to his salary, be presented to Dr. Gould, the Treasurer, for his services during the past year.

Voted, on motion of Dr. Buck, of Boston, "That the salary of the Treasurer of this Society be three hundred dollars for the medical year next ensuing."

On nomination by the Chair, the following gentlemen were chosen a Committee of Finance; viz., Drs. S. D. Townsend, C. P. Fiske, and Jacob Hayes.

On nomination by the Chair, the following gentlemen were chosen a Committee on Publications; viz., Drs. H. I. Bowditch, J. B. S. Jackson, and C. Gordon.

On similar nomination, the following gentlemen were chosen a Committee on Resignations; viz., Drs. A. A. Gould, D. H. Storer, and N. B. Shurtleff.

The following amendment to the By-laws was proposed by the Recording Secretary, and adopted by the meeting, to go to the Society at an adjourned meeting for concurrence: —

In second line of Article VII., page 24, an addition, so that it shall read, "Every Fellow shall be entitled to a Diploma, in the following form, on the payment of one dollar."

At 11 o'clock, P.M., the meeting adjourned.

B. E. COTTING,
Recording Secretary.

PROCEEDINGS OF THE SOCIETY.

ANNUAL MEETING.

June 27, 1855.

The Annual Meeting of the Massachusetts Medical Society was held in Hampden Hall, Springfield, June 27, 1855, at 10 o'clock, A.M.

The President elect not having arrived, the Vice-President, Dr. Deane, of Greenfield, took the chair.

The Recording Secretary read the records of the last Annual Meeting, and reported the names of those who had become Fellows during the year. (See pp. 2, 4, and 10.)

The Corresponding Secretary made his Report, explaining the action of the Suffolk District Medical Society, which recommends to the Parent Society the expulsion of Drs. David R. Brown and Charles W. Calkins, both of Boston, for causes set forth; and repeated the votes of the Councillors, referring both cases, as required by the By-laws, to the Society for investigation and decision.

On motion of Dr. Perry, of Boston, it was —

Voted, "That Wednesday, July 11, 1855, at 10 o'clock, A.M., be fixed for the adjourned meeting of the Society, at which an investigation and decision in these cases may be made; said adjourned meeting to be held in the Society's room, Phillips Place, Boston."

Dr. Bowditch, of Boston, from the Committee on the Inaccuracies in the State Registration of Births, Deaths, and Marriages, made a verbal report of some of the reasons why their labors had not been so successful as they expected.

Voted, "That the same Committee be continued for the coming year; viz., Drs. Bowditch, Jarvis, and Metcalf."

Dr. Metcalf, of Mendon, from the Committee on Scientific Communications, read a report of their doings, and closed with the following resolution: —

"*Resolved*, That all reports upon scientific subjects be referred to the Committee on Publications, with instructions that they refer each report to a Committee of Experts, whose names shall not be disclosed; and that such reports as said Committee of Experts shall designate shall be published in the Medical Communications of the Society."

The report was *received*, and placed on file. Dr. Metcalf moved the adoption of the resolution; which, after full discussion, and the rejection of proposed amendments, was passed by a large majority.

The Scientific Communications being now called for, Dr. Bowditch read a paper on "The Hygienic Condition of the Survivors of Ovariotomy," by James Deane, M.D., of Greenfield.

Dr. Bowditch also, on his own behalf, made a partial report, naming the various towns from which he had not received returns on the prevalence of Phthisis therein; and requested the aid of members, in order that he might make a final report at an earlier day.

Voted, "That the Committee on Scientific Communications, Drs. Metcalf, George Choate, and Bowditch, be continued in office for the coming year."

The Treasurer made his Annual Report, and the Recording Secretary read the Auditors' Report; both of which were accepted, and placed on file.

The following is an abstract of the Treasurer's Report: —

Cr. Massachusetts Medical Society in Account with Augustus A. Gould, Treasurer. Dr.

1854–5. June.			
Annual Dinner			$600.00
Gratuity to Treasurer			100.00
Annual Publication			144.36
Braithwaite's Retrospect, No. xxix.		$440.00	
Distribution of xxix. xxx.		152.50	
			592.50
Printing Catalogue, Diplomas, &c.			181.48
Librarian's Bill			41.92
Refunded to District Societies			601.68
Commissions of District Treasurers			69.30
Censors' Fees			20.00
Rent of Cochituate Hall		250.00	
Refusal of Freeman Chapel		36.26	
			286.26
Bills for Advertising			39.38
Incidentals: Annual Meeting		26.22	
Copying Records		19.00	
Chest for Records		20.00	
Postages, Freights, &c.		20.72	
			85.94
Treasurer's Salary			100.00
Cash to Balance carried to new account			1,560.07
			$4,422.89
E. E.			
Permanent Fund			$11,253.30

	Cash on hand		$1,207.71
	Assessments collected by Treasurer		1,189.00
	Assessments collected by District Treasurers, viz.:		
	Districts: Barnstable	$27.00	
	Berkshire	31.00	
	Bristol, North	60.00	
	Bristol, South	82.00	
	Essex, North	36.00	
	Essex, South	149.00	
	Hampden	97.00	
	Hampshire	92.00	
	Franklin	23.00	
	Middlesex, East	31.00	
	Middlesex, North	66.00	
	Middlesex, South	127.00	
	Norfolk	108.00	
	Plymouth	40.00	
	Suffolk	90.00	
	Worcester	141.00	
			1,200.00
	Income from the Permanent Fund		618.92
	Rents of Cochituate Hall		166.66
	Librarian, Sales of Books		34.00
	Discount on Bill for Printing		6.60
			$4,422.89
1855. June 15.	Cash on hand		$1,560.07

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Dr. Coale, of Boston, read a communication from the Suffolk District Medical Society relative to the defects in the By-laws on the subject of expulsion of members.

Dr. Perry, of Boston, moved the reference of the document to a Special Committee of five, with instructions to report such alterations as will remedy the defects complained of. — Adopted.

Dr. Mackie, of New Bedford, moved that the articles of the By-laws relating to the admission of Fellows be referred to the same Committee, for them to recommend such alterations as the best interests of the Society demand. — Adopted.

On nomination by the Chair, the following gentlemen were chosen for this Committee: Drs. Coale and H. W. Williams, of Boston; Dr. Alden, of Randolph; Dr. Mackie, of New Bedford; and Dr. E. Huntington, of Lowell.

The Society now took a recess of half an hour; and on re-assembling, at 1 o'clock, P.M., Dr. A. A. Gould, of Boston, delivered the annual discourse, after which, —

On motion of Dr. Metcalf, of Mendon, it was —

Voted, unanimously, "That the thanks of the Society be presented to Dr. Gould for his valuable and practical discourse, to which we have listened with profit, as well as interest."

At quarter-past 2 o'clock, P.M., Dr. Palmer, of Boston, the Chief Marshal, announced that he was ready to form the procession, and to conduct the members to the Warriner House, to dine together under the festive administration of Dr. Dale, the anniversary Chairman.

For which purpose the Society then adjourned.

B. E. COTTING,
Recording Secretary.

Adjourned Meeting of the Society.

July 11, 1855.

An adjourned meeting of the Massachusetts Medical Society was held in their room, in Phillips Place, Boston, on Wednesday, July 11, 1855, at 10 o'clock, A.M.

In the absence of the President and Vice-President, the Recording Secretary called the meeting to order, and requested Dr. Buck, of Boston, "the senior President of a District Society present," to take the chair.

The Recording Secretary read the records of the annual meeting, stated the object for which it was adjourned to this day, and mentioned that on the day following the annual meeting he "duly notified" the accused by letters placed in their own hands by his messenger.

The Corresponding Secretary announced, that, through the liberality of one of its Fellows, the Massachusetts Medical Society is authorized to offer the sum of one hundred dollars to the author of a Dissertation, which may be adjudged worthy of a prize by a Committee appointed by the Councillors of the Society, on the following subject; viz., "The History and Statistics of Ovariotomy, and under what circumstances the operation may be regarded as safe and expedient." On his motion, it was —

Voted, "That the Recording Secretary be authorized to place suitable notice in such medical journals and such newspapers as shall give it general circulation throughout the country; also that the subject be brought before the Councillors at the meeting in October, with the request that they would appoint a Committee to carry out the object of the donor."

The amendment to the By-laws, Article VII., adopted by the Councillors at their annual meeting, June 26, 1855 (see page 14), was then adopted by the Society in concurrence.

The Corresponding Secretary now read the documents in the case of Dr. David R. Brown, of Boston, who was shown to have been repeatedly convicted of crime under the laws of the land.

The Recording Secretary read from the records the action of the Councillors and the Society in the matter. He stated also that Dr. Brown had signified his intention not to appear in defence.

(The President having now arrived, Dr. Buck retired from the chair.)

Dr. Metcalf, of Mendon, moved that Dr. David R. Brown be expelled from the Massachusetts Medical Society.

After a free discussion, in which Drs. Alden, Gould, Buck, and others took part, the motion of Dr. Metcalf was adopted by the following vote: Whole number of Fellows present, thirty-three; voting in favor of the motion, thirty-one; against it, none.

The Corresponding Secretary read the documents sent by the Suffolk District Society, in the case of Dr. Charles W. Calkins, of Boston, charging him with culpably procuring abortion; and the Recording Secretary read from the records the action thereon of the Councillors and of the Society.

Dr. C. E. Ware moved "that the evidence in the case be now read;" which motion, after remarks by Drs. J. S. Jones, Buck, Coale, Williams, and others, was adopted.

Dr. H. W. Williams, of Boston, then read the report of the Committee of the Suffolk District Society to that Society, and the evidence on which they had recommended the expulsion of Dr. Calkins.

After the reading of the evidence, Dr. Durkee, of Boston, moved that Dr. Charles W. Calkins be expelled from the Massachusetts Medical Society. This motion was seconded by Dr. E. W. Blake, of Boston.

Dr. Calkins protested against further proceedings, and asked for opportunity to refute the evidence produced.

Dr. Gordon, of Boston, asked of the accused what further opportunities or privileges he really desired. Dr. Calkins replied that he should like another week for preparation.

Drs. Storer, Gordon, and others now addressed the meeting, expressing the opinion that sufficient time and opportunity had been given him; and, after repeated remarks from Dr. Calkins, the question, being called for, was decided as follows: The whole number of Fellows present, thirty-five; voting for expulsion, twenty-seven; against expulsion, none; and so the motion was adopted.

Dr. Coale, from the Committee appointed at the annual meeting, of which this is an adjourned meeting, to report "such alterations in the By-laws as will remedy the defects therein on the subject of expulsion of members, and such alterations relative to the admission of members as the best interest of the Society demands," asked leave to report; which was granted.

Voted, "That the Report of the Committee be *received*, and placed on file."

Dr. Coale moved that the additions and amendments to the By-laws recommended by the Committee be adopted by the Society, and sent to the Councillors for concurrence.

After remarks by Drs. Watson, Alden, Gordon, and others, Dr. Coale modified his motion; and it was —

Voted, "That the additions and amendments to the By-laws recommended by the Committee be printed for the use of the Fellows, and referred to the Councillors for their adoption."

The Society then adjourned, without day.

B. E. COTTING,
Recording Secretary.

PROPOSED AMENDMENTS TO THE BY-LAWS.

The following additions and amendments were recommended by the Committee: —

"1. Any person having charges against a member of the Massachusetts Medical Society shall present them, together with all the available testimony and information bearing upon the subject, to the Censors of the District to which the accused member belongs.

"2. The Censors of the Massachusetts Medical Society, or of any of the District Societies, upon having charges against any member of their District presented to them, shall set themselves diligently to investigate the charges, not only by the testimony and information furnished them together with the charges, but with whatever else they can procure which may throw light upon the case.

"3. If, upon such investigation, they shall deem the case sufficiently made out, they shall at once set to work and put the charges into proper form, particularly as to precise specifications of time and place, and other means of identification of the alleged offences, and present these, with all information and notes descriptive of testimony, to the President of the District Society to which they and the accused belong.

"4. The presiding officer to whom such charges shall have been presented shall, without delay, select at his pleasure ten members of the Massachusetts Medical Socicty, from whom, within one week, the accused must make a selection of five, to constitute a Court before which he shall be tried. If the accused fail in that time to make a selection, then the President shall select for him.

"5. The Court so constituted shall, without delay, proceed to organize by the choice of a presiding officer; and of a clerk, who shall keep a strict, full, and accurate record of all its proceedings.

"6. The Court shall then proceed with the trial, — each side, if deemed advisable by the Court, to be allowed counsel from without, — and the Court shall decide and terminate the case.

"7. The Court, upon making up their decision, shall transmit it, with all the records and other pertinent documents, to the President of the District Society to which the accused belongs; and the President shall forthwith promulgate the decision, whether favorable or unfavorable, not only to the District Society, but to the Presidents of all the other District Societies.

"8. Upon showing such cause to the Councillors as shall by them be deemed sufficient therefor, the accused shall be entitled to a revision of his trial by the Councillors, who may, according to their judgment, reverse or confirm the previous decision; and this shall be final.

"9. The Court shall understand that such testimony will be deemed sufficient, upon the trial of a Fellow, as would produce in their minds a conviction that the accused would be unfit for admission into the Society were he not already in it. But little testimony can be given under oath; all must, therefore, be weighed in connection with its surroundings and accessories. Beyond it, also, each member of the Court shall be permitted to take the moral bearings and appearances of the case, and to give his judgment from these as well as from any particular testimony bearing upon one or another point exclusively."

In the place of the 3d and 4th By-laws, the following: —

"III. Any person may sign the By-Laws and be admitted a Fellow who shall, on examination, satisfy any Board of Censors that he has been duly educated, and is properly qualified for the duties of the medical profession, and that he has complied with the following requisitions, viz.: —

"He shall be not less than twenty-one years of age, and of good moral character; shall have such acquaintance with the Latin language and with experimental philosophy as is necessary for a good medical and surgical education; he shall have studied three full years under the direction of, and shall have attended the practice of, some respectable physician or physicians; and shall have attended two full courses of lectures on Anatomy, Physiology, Chemistry, Materia Medica, Obstetrics, and the Theory and Practice of Medicine and Surgery.

"IV. Any candidate whose examination shall be satisfactory to the majority of the Censors present at any meeting of the Board shall be admitted a Fellow; but, if his examination be not satisfactory, he shall not be re-examined by any Board of Censors within less than six months.

A true copy. Attest:

B. E. COTTING,

Recording Secretary.

Officers of the Massachusetts Medical Society.

CHOSEN JUNE 27, 1855.

ELISHA HUNTINGTON	President.
JAMES DEANE	Vice-President.
CHARLES E. WARE	Cor. Secretary.
BENJAMIN E. COTTING	Rec. Secretary.
JOHN B. ALLEY	Librarian.
AUGUSTUS A. GOULD	Treasurer.

Ex-officiis Vice-Presidents.

[ARRANGED ACCORDING TO SENIORITY.]

Jeremiah Spofford.
Ephraim Buck.
Paul L. Nichols.
William Bridgman.
Appleton Howe.
George Choate.
Charles M. Fay.
Sewall G. Burnap.
Vassal White.
Benjamin B. Sisson.
Nathan Allen.
Ira Sampson.
Samuel H. Gould.
Truman Rickard.
Chenery Puffer.
Samuel A. Fisk.

Councillors.

Barnstable. — Drs. Luther Jones, South Yarmouth; Samuel H. Gould, Brewster; Jonathan Leonard, Sandwich; Aaron Cornish, Falmouth.

Berkshire. — Drs. Henry H. Childs, Pittsfield; N—— S. Babbit, North Adams; A—— S. Church, Great Barrington; Mellen Sabin, Lenox; Selden Jennings, Richmond.

Bristol, North. — Drs. Dan King, Taunton; Benoni Carpenter, Pawtucket; J—— D. Nichols, Swansey.

Bristol, South. — Drs. Andrew Mackie, New Bedford; John Pierce, Edgartown; W—— W. Comstock, Middleborough; George Atwood, Fairhaven; Robert T. Davis, Fall River.

Essex, North. — Drs. George W. Garland and David Dana, Lawrence; Josiah Atkinson, Newburyport; Martin Root, Byfield; William Cogswell, Bradford.

Essex, South. — Drs. George Choate, Salem; Ebenezer Hunt, Danvers; Benjamin Cox, jun., Salem; Augustus Torrey, Beverly; William Mack and William H. Prince, Salem.

Franklin. — Drs. James Deane, Greenfield, *Vice-President;* Humphrey Gould, Rowe; Elijah W. Carpenter, Bernardston; David Bradford, Montague.

Hampden. — Drs. Nathan Adams, Springfield; Alvan Smith, Monson; Thomas L. Chapman, Long Meadow; P. Le Breton Stickney, Chicopee.

Hampshire. — Drs. Israel H. Taylor, Amherst; James Thompson, Northampton; Levi Chamberlin, Granby; Samuel A. Fiske, Northampton.

Middlesex, East. — Drs. Joseph D. Mansfield, South Reading; Samuel A. Toothaker, Reading; Truman Rickard and John Nelson, Woburn.

Middlesex, North. — Drs. Nathan Allen, John C. Dalton, and Harlin Pillsbury, Lowell; Jonathan Brown, Tewksbury; ELISHA HUNTINGTON, *President,* Charles A. Savory, John W. Graves, and David Wells, Lowell.

Middlesex, South. — Drs. Theodore Kittredge, Waltham; Morrill Wyman, Cambridge; Jacob Hayes, Charlestown; Levi Goodenough, Sudbury; Otis E. Hunt, Weston; John W. Osgood, Saxonville; John Hoyt, Natick; Isaac G. Braman, Brighton; Samuel Richardson, Watertown; Eugene E. Braun, Charlestown.

Norfolk. — Drs. Ebenezer Stone, Walpole; Edward Jarvis, Dorchester; Henry Bartlett, Roxbury; A. Le B. Monroe, Med-

way; B. E. Cotting, Roxbury, *Rec. Secretary;* Jonathan Ware, Milton; Danforth P. Wight, Dedham; Benjamin Mann, Roxbury; Erastus D. Miller, Dorchester.

Plymouth. — Drs. Winslow Warren and Timothy Gordon, Plymouth.

Suffolk. — Drs. Jacob Bigelow; George Hayward; Ephraim Buck; John Jeffries; Samuel Morrill; Marshall S. Perry; Augustus A. Gould, *Treasurer;* Charles H. Stedman; John Odin, jun.; Henry I. Bowditch; Charles Gordon; Charles Chase, Chelsea; Charles E. Ware, *Cor. Secretary;* Phineas M. Crane, East Boston; Horace Dupee; John Homans; John B. S. Jackson; D. Humphreys Storer; Abraham A. Watson; Ezra Palmer, jun.; Henry Dyer; George Bartlett; Nathaniel B. Shurtleff; J. Mason Warren; Henry G. Clark; George A. Bethune; James Ayer; John Flint; Charles G. Putnam; John B. Alley, *Librarian.*

Worcester. — Drs. Benjamin F. Heywood, Worcester; Edward Flint, Leicester; Benjamin Pond, Westborough; William Workman, Worcester; Thomas R. Boutelle, Fitchburg; Calvin P. Fiske, Fiskedale; James W. Robbins, Uxbridge; John G. Metcalf, Mendon; Jonas A. Marshall, Fitchburg; Charles M. Fay, Charlton.

Censors.

Barnstable. — Drs. Elijah W. Carpenter, Chatham; Franklin Dodge, Harwich; John Harpur, Sandwich; George W. Doane, Hyannis; Moses Rogers, Falmouth.

Berkshire. — Drs. J—— L. Barker, South Adams; Franklin A. Cady and George L. Lyman, Pittsfield.

Bristol, North. — Drs. Charles Howe, Taunton; Thaddeus Phelps, Attleborough; Thomas G. Nichols, Freetown.

Bristol, South. — Drs. Paul Spooner, Lyman Bartlett, and Charles D. Stickney, New Bedford; W—— W. Comstock, Middleborough; Joseph Haskell, Rochester.

Essex, North. — Drs. William D. Lamb, Lawrence; Stephen Huse, Methuen; Kendall Flint, Haverhill; Jeremiah H. Sawyer, Newburyport; Walter H. Kimball, Andover.

Essex, South. — Drs. Henry Wheatland, William Mack, and William Williams, Salem.

Franklin. — Drs. Stephen Bates, Charlemont; Daniel Hovey, Greenfield; Edward Barton, South Orange.

Hampden. — Drs. Cyrus Bell, Feeding Hills; Alfred Lambert and Calvin C. Chaffee, Springfield; E. G. Pierce, Holyoke; Nathaniel Downes, West Springfield.

Hampshire. — Drs. James Dunlap and Daniel Thompson, Northampton; Benjamin F. Smith, Amherst.

Middlesex, East. — Drs. Alonzo Chapin and William Ingalls, Winchester; William F. Stephens, Stoneham.

Middlesex, North. — Drs. Nathan Allen, Hanover Dickey, Elisha Huntington, and John W. Graves, Lowell; Nehemiah Cutter, Pepperell.

Middlesex, South. — Drs. Morrill Wyman, Cambridge; Anson Hooker, East Cambridge; James M. Whittemore, Brighton; Simon Whitney, Framingham; Jacob Hayes, Charlestown.

Norfolk. — Drs. Ebenezer Stone, Walpole; Simeon Tucker, Stoughton; James A. Stetson, Quincy; Stephen Salisbury, Brookline; John S. Flint, Roxbury.

Plymouth. — Drs. Josiah S. Hammond, Plympton; Timothy Gordon, Plymouth; Samuel A. Orr, East Bridgewater.

Suffolk. — Drs. Phineas M. Crane, East Boston; Charles G. Putnam, William E. Coale, William W. Morland, and Henry W. Williams, Boston.

Worcester. — Drs. William Workman and Joseph Sargent, Worcester; John G. Metcalf, Mendon; Alfred Hitchcock, Fitchburg; James W. Robbins, Uxbridge.

Officers of the District Medical Societies.

Barnstable. — Dr. Samuel H. Gould, Brewster, *President;* Dr. George Shove, Yarmouth Port, *Vice-President;* Dr. John M. Smith, Barnstable, *Secretary;* Dr. Chauncy M. Hurlburt, South Dennis, *Treasurer.*

Berkshire. — Dr. Vassal White, Stockbridge, *President;* Dr. Nathan S. Babbit, South Adams, *Vice-President;* Dr. Oliver E. Brewster, Pittsfield, *Secretary;* Dr. Franklin A. Cady, Pittsfield, *Treasurer.*

Bristol, North. — Dr. Ira Sampson, Dighton, *President;* Dr. Thaddeus Phelps, Attleborough, *Vice-President;* Dr. Elisha Phelps, North Attleborough, *Secretary and Treasurer;* Drs. James B. Dean, Taunton, and Albert Newman, Attleborough, *Librarians.*

Bristol, South. — Dr. Benjamin B. Sisson, Westport, *President;* Dr. Robert T. Davis, Fall River, *First Vice-President;* Dr. William A. Gordon, New Bedford, *Second Vice-President;* Dr. Charles D. Stickney, New Bedford, *Secretary;* Dr. John H. Mackie, New Bedford, *Treasurer and Librarian.*

Essex, North. — Dr. Jeremiah Spofford, Groveland, *President;* Dr. George W. Sanborn, Lawrence, *Vice-President;* Dr. Martin Root, Byfield, *Secretary and Treasurer;* William Cogswell, Bradford, *Librarian.*

Essex, South. — Dr. George Choate, Salem, *President;* Dr. Ebenezer Hunt, Danvers, *Vice-President;* Dr. George A. Perkins, Salem, *Treasurer;* Dr. Frederick Winsor, Salem, *Secretary;* Dr. Lincoln R. Stone, Salem, *Librarian.*

Franklin. — Dr. Chenery Puffer, Sherburne Falls, *President;* Dr. Elijah Stratton, Northfield, *Vice-President;* Dr. L. Dwight Seymour, Greenfield, *Secretary, Treasurer, and Librarian.*

Hampden. — Dr. William Bridgman, Springfield, *President;* ——— ———, *Vice-President;* Dr. William G. Breck, Springfield, *Secretary, Treasurer, and Librarian.*

Hampshire. — Dr. Samuel A. Fisk, Northampton, *President;* Dr. Seth Fisk, Amherst, *Vice-President;* Dr. James Thompson, Northampton, *Secretary;* Dr. Artemas Bell, Southampton, *Treasurer.*

Middlesex, East. — Dr. Truman Rickard, Woburn, *President;* Dr. Joseph D. Mansfield, South Reading, *Vice-President;* Dr. William Ingalls, Winchester, *Secretary;* Dr. Benjamin Cutter, Woburn, *Treasurer and Librarian.*

Middlesex, North. — Dr. Nathan Allen, Lowell, *President;* Dr. Hanover Dickey, Lowell, *Vice-President;* Dr. Edward A. Perkins, Lowell, *Secretary;* Dr. Nathaniel B. Edwards, Chelmsford, *Treasurer and Librarian.*

Middlesex, South. — Dr. Sewall G. Burnap, Holliston, *President;* Dr. Horatio Adams, Waltham, *Vice-President;* Dr. William W. Wellington, Cambridgeport, *Secretary;* Dr. Royal S. Warren, Waltham, *Treasurer.*

Norfolk. — Dr. Appleton Howe, Weymouth, *President;* Dr. Ebenezer Stone, Walpole, *Vice-President;* Dr. Edward Jarvis, Dorchester, *Secretary;* Dr. Danforth P. Wight, Dedham, *Treasurer;* Dr. Lemuel Dickerman, Foxborough, *Librarian.*

Plymouth. — Dr. Paul L. Nichols, Kingston, *President;* ——— ———, *Vice-President;* Dr. Frederic A. Jewett, Abington, *Secretary and Treasurer;* Dr. Frank Collamore, Pembroke, *Librarian.*

Suffolk. — Dr. Ephraim Buck, Boston, *President;* Dr. J. Mason Warren, Boston, *Vice-President;* Dr. John B. Alley, Boston, *Secretary;* Dr. Augustus A. Watson, Boston, *Treasurer;* Dr. William E. Coale, Boston, *Librarian.*

Worcester. — Dr. Charles M. Fay, Charlton, *President;* Dr. Moses D. Southwick, Blackstone, *Vice-President;* Dr. John E. Hathaway, Worcester, *Secretary;* Dr. Charles W. Whitcomb, Worcester, *Treasurer;* Dr. Henry Clarke, Worcester, *Librarian.*

ADDITIONS AND AMENDMENTS TO THE CATALOGUE.

JULY, 1855.

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1854	Abbé, Burr Reeve	New Bedford			
1855	Adams, Zabdiel B.	Boston			
1853	Barber, Elisha	Newton U. Falls			
1855	Barnes, John	Milford			
1855	Bartlett, Ezra	East Boston			
1852	Barton, John G.	Erving		1853	
1855	Blake, John E.	Boston			
1846	Bell, Cyrus	Feeding Hills			
1855	Bemis, Nathaniel O.	Hubbardston			
1855	Brackett, William T. S.	Edgartown			
1786	BROOKS, JOHN, *Pres.*	Medford		1825	72
1843	Brooks, S—— D.	Palmer			
1855	Brown, J. Henry	West Newton			
1854	Burgess, E—— P.	Dedham			
1855	Burgess, George M.	Blackstone			
1839	Chandler, George	Worcester			
1847	‡Chase, Albion P.	Bangor, Me.	1855		
1851	‡Church, A—— S.	New York			
1854	‡Clapp, Fayette	Dixon, Ill.	1854		
1855	Clark, Henry				
1855	Collins, Clarkson T.	Great Barrington			
1855	Cooke, McLaurin F.	Boston			
1826	*Darling, Elijah	Roxbury		1855	62
1855	Durgin, Elijah S.	Littleton			
1855	Fabyan, George	Boston			
1855	Fiske, Daniel S.	Brookfield			
1855	Flagg, Samuel B.	Boston			
1853	‡Foot, Nathaniel				
1842	Fuller, Milton	Boston			
1854	Garland, George W.	Lawrence			
1849	Garratt, Alfred C.	Roxbury			
1854	‡Hannity, John A. S.	Providence, R.I.			
1851	‡Harrington, Samuel C.				
1816	HAYWARD, GEORGE, *Pres.*	Boston			
1855	Haven, Samuel F.	Boston			
1844	Heard, John	Townsend			
1855	Henderson, Jophanus	Somerville			
1854	Holcomb, C—— C.	Lee			
1855	Holman, Silas A.	Boston			
1855	Hooker, Anson P.	East Cambridge			
1854	Hoyt, Ahira B.	Winchendon			
1840	‡Hoyt, Otis	Wisconsin			
1851	‡Hubbell, Charles L.	Troy, N.Y.			
1839	HUNTINGTON, ELISHA, *Pres.*	Lowell			
1847	‡Huntington, George W.	California			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1854	Jenks, Thomas L.	Boston			
1855	Keep, Samuel H.	Boston			
1855	Kendall, Albert A.	New Braintree			
1848	Kidder, Walter	Lowell			
1844	*‡Kingsbury, George H.	New York		1852	33
1855	Knight, Ebenezer	Brimfield			
1855	Lincoln, Francis L.	Boston			
1853	‡Lyman, George L.	Vermont			
1855	Lynde, James P.	Hardwick			
1849	‡Malcomb, Alexander B.	Council Bluffs, I.			
1844	‡Mason, Augustus				
1855	Mason, William	Charlestown			
1853	‡McLaughlin, D—— L.	Mississippi			
1851	‡Miller, J. Leland				
1855	Mitchell, Jacob	Chelsea			
1854	Morse, James R.	North Cambridge			
1845	Morse, Jonathan G.	Roxbury		1848	29
1855	Nichols, Jonathan				
1855	Oliver, Henry K.	Boston			
1855	Page, Calvin G.	Boston			
1831	‡Peck, Addison S.	California			
1855	Perkins, John G.	Great Barrington			
1834	Pillsbury, John D.	Rochester, N.Y.	1854		
1849	Putnam, Charles Israel	Boston			
1855	Rice, J. Marcus	Worcester			
1855	Richardson, Horace	Boston			
1855	Rogers, Seth	Worcester			
1853	Sawyer, Jeremiah H.	Newburyport			
1842	Scammell, Lucius L.	Charlestown			
1855	Smith, Albert D.	Holden			
1855	Stedman, Charles E.	Boston			
1854	Stone, Lincoln R.	Salem			
1847	Train, Horace D.	Sheffield			
1851	Trow, Josiah	Buckland			
1855	Trow, Nathaniel G.	Sunderland			
1854	Trow, William M.	Haydenville			
1855	Tucker, George G.	Boston			
1855	Tyler, Warren	North Brookfield			
1839	Ufford, Edward G.	West Springfield			
1855	Wakefield, Adoniram J.	Hopkinton			
1855	Walker, Clement A.	Boston			
1855	Walsh, John D.	Boston			
1846	Warren, George A.	Hopkinton			
1850	Weston, Hervey E.	Weymouth			
1852	Whitney, Allston W.	Framingham			
1854	Whitney, J—— B.	Lee			
1855	Winsor, Frederic	Salem			
1855	Woodbury, Elwell	Medford			
1855	Woodward, Rufus	Worcester			
1855	Yale, John	Ware			

☞ Gentlemen noticing omissions or errors in the Catalogues, will please give notice thereof to the Recording Secretary.

Massachusetts Medical Society.

PROCEEDINGS OF THE COUNCILLORS.

October Meeting, 1855.

A stated meeting of the Massachusetts Medical Society was held at their room, in Phillips Place, Boston, Oct. 3, 1855, at 11 o'clock, A.M.

The following Councillors were present: Drs. E. Jarvis, D. King, E. Hunt, T. Rickard, G. W. Garland, S. Richardson, B. Pond, P. M. Crane, J. Nelson, E. Palmer, jun., J. Flint, C. Gordon, A. A. Watson, D. Dana, G. A. Bethune, A. A. Gould, D. H. Storer, J. D. Mansfield, S. A. Toothaker, J. Homans, N. B. Shurtleff, G. Bartlett, E. Stone, J. C. Dalton, B. Carpenter, J. G. Braman, J. Hayes, H. Dupee, E. E. Braun, C. E. Ware, E. Buck, J. B. Alley, J. Bigelow, B. E. Cotting, J. Jeffries, A. Le B. Munroe, H. I. Bowditch, and J. B. S. Jackson.

The President and Vice-President being absent, the Recording Secretary called the meeting to order, and requested Dr. Buck, of Boston, "the Senior President of a District Society present," to take the chair.

On motion of Dr. J. Flint, of Boston, the reading of the records, which had been printed and distributed, was dispensed with.

On nomination by the Chair, Drs. S. D. Townsend, A. A. Gould, S. Cabot, C. E. Ware, and B. E. Cotting were appointed the Prize Committee for 1856. (See printed proceedings, 1855, p. 19.)

The Treasurer stated that he had received the sum of one hundred dollars from a member of the Society, to be offered as a prize to the author of the best dissertation adjudged worthy of a prize on the following theme: —

"We would regard every approach towards the rational and successful prevention and management of disease, without the necessity of drugs, to be an advance in favor of humanity and scientific medicine."

The dissertations offered to be examined by a Committee appointed by the Councillors; and the packet accompanying the successful dissertation to be broken in open meeting, at the Annual Meeting of the Society in 1857.

On subsequent motion of the Treasurer, the Recording Secretary was directed to announce this prize by suitable advertisements.

Dr. George B. Wood, of Philadelphia, and Dr. James Y. Simpson, of Edinburgh, were unanimously elected Honorary Members of the Society.

The "proposed amendments" to the By-laws were next brought before the meeting.

Dr. D. King was opposed to the plan set forth in the first nine sections of the "proposed amendments," and offered a "substitute" therefor, which he read to the Councillors.

After considerable discussion, in which Drs. King, Homans, Gordon, Gould, Jeffries, Munroe, Flint, Hunt, and Bigelow took part, —

On motion of Dr. Jacob Bigelow, of Boston, it was —

Voted, "That a Committee of five be appointed to consider, and report at the next meeting of the Councillors, on the first nine sections of the 'proposed amendments to the By-laws;' also on the 'substitute' for the same, now offered by Dr. King; with power to print, and circulate to the Councillors, such papers as they may think relevant to the case."

The following gentlemen were appointed for this Committee: Drs. Jacob Bigelow, of Boston; D. King, of Taun-

ton; E. Jarvis, of Dorchester; A. A. Gould, of Boston; and J. C. Dalton, of Lowell.

Dr. Bowditch, of Boston, offered a substitute for the remaining propositions; which, with the propositions themselves, were referred to the same Committee.

The Committee on Resignations reported the recommendation, for reasons set forth, that the requests of the following gentlemen to become retired members be granted; viz.: —

Dr. John Andrews	West Boylston.
„ Edward Flint	Leicester.
„ Walter Channing	Boston.
„ Daniel Mowe	Lowell.
„ Ezekiel Thaxter	Abington.
„ David Osgood	Boston.
„ J. H. Archer	Wrentham.
„ Thomas Meekins	Williamsburg.
„ Elijah W. Carpenter	Bernardston.
„ Noah Fifield	Weymouth.
„ Daniel Hovey	Greenfield.
„ John Nelson	Woburn.

And also of the following to resign their fellowship; viz.:—

Dr. William B. Duggan	Quincy.
„ Charles W. Spofford	Boston.
„ Francis Dana	„

These recommendations were adopted.

Dr. C. E. Ware, of Boston, stated, that, on account of some unforseen circumstances, the Society was liable to be suddenly deprived of the room now occupied by them; and he therefore moved that a Committee of three be appointed, to take into consideration the necessity for a change of the room of the Society, with full power to act with committees of any other society interested in the change. Adopted.

Drs. J. Homans, J. B. Alley, and A. A. Gould, of Boston, were appointed for this Committee.

At 1 o'clock, P.M., adjourned.

B. E. COTTING,
Recording Secretary.

February Meeting, 1856.

A stated meeting of the Councillors of the Massachusetts Medical Society was held at their new room, in Perkins Building, No. 12, Temple Place, Boston, Feb. 6, 1856, at 11 o'clock, A.M.

The following Councillors were present; viz., Drs. J. G. Metcalf, J. Deane, H. I. Bowditch, C. E. Ware, J. W. Robbins, B. Pond, A. A. Watson, P. M. Crane, E. Hunt, T. Kittredge, R. T. Davis, J. Homans, J. Flint, H. Bartlett, J. C. Dalton, A. A. Gould, J. B. S. Jackson, E. Buck, A. Torrey, E. Stone, D. H. Storer, E. Jarvis, N. B. Shurtleff, G. A. Bethune, H. Dupee, W. H. Prince, H. Dyer, N. Allen, J. W. Graves, J. Brown, C. A. Savory, B. Cutter, E. Huntington, J. B. Alley, J. Bigelow, B. E. Cotting, — the President in the chair.

The Recording Secretary read the records of the last meeting.

The following Committees were appointed: —

On the Treasurer's Accounts.

Dr. Ebenezer Hunt	Danvers.
„ John Jeffries	Boston.

On the Library.

Dr. Nathaniel B. Shurtleff	Boston.
„ Edward H. Clarke	Boston.

Voted, on motion of Dr. J. G. Metcalf, of Mendon, "That the next meeting of the Councillors be held in this place, at 7 o'clock, P.M., on the day preceding the annual meeting of the Society."

Voted, "That the vote passed Feb. 1, 1854 (vol. iv. p. 149), relative to the issue of certificates to Delegates to the American Medical Association, be adopted for the present year."

Dr. Jacob Bigelow, of Boston, from the Committee on the "Proposed Amendments to the By-laws," made a report, stating in detail the alterations recommended by the Committee.

Voted, on motion of Dr. John Flint, of Boston, "That the report be *received*, and that its several sections be taken up and acted upon separately."

After discussion, the *alterations* were unanimously *adopted*.

The remaining section of the report, that, "in regard to Homœopathy, the Committee have no definite measures to recommend, and submit that subject to the judgment of the Councillors," was, without debate, laid on the table.

Voted, on motion of Dr. N. B. Shurtleff, of Boston, "That the amendments adopted this day be printed, and communicated to each member of the Society, previous to the next annual meeting."

Dr. John Homans, of Boston, from the Committee on a "Change of Room," reported that the Committee had secured, for a term of five years, the room now occupied; but that it was requisite to authorize some officer of the Society to sign the necessary papers with the lessor, and with those who may hire under the Society.

Voted, "That the Treasurer be authorized to sign such papers."

On recommendation of the Committee on Resignations, leave to become a retired member was granted to Dr. Luther M. Harris, of Jamaica Plain.

Adjourned at $1\frac{1}{4}$, P.M.

B. E. COTTING,
Recording Secretary.

MAY MEETING, 1856.

The Annual Meeting of the Councillors of the Massachusetts Medical Society was held at their room, in Temple Place, Boston, May 27, 1856, at 7 P.M., — the President in the chair.

The following Councillors were present: J. Green, E. Buck, N. S. Babbitt, E. Hunt, J. Deane, W. Lewis, J. Nel-

son, H. Adams, J. Ayer, V. White, G. Hayward, P. M. Crane, J. Homans, C. E. Ware, J. Ware, H. I. Bowditch, C. P. Fiske, N. B. Shurtleff, C. G. Putnam, A. Hitchcock, C. M. Fay, J. Flint, J. G. Metcalf, B. Carpenter, L. Bartlett, G. Bartlett, J. Odin, M. Root, J. Atkinson, T. Gordon, E. P. Fearing, J. Harpur, T. R. Boutelle, B. Mann, J. W. Robbins, J. B. S. Jackson, A. A. Gould, C. H. Stedman, E. Alden, J. C. Dalton, E. W. Carpenter, C. Gordon, B. Cutter, N. Cutter, W. G. Breck, N. Adams, T. L. Chapman, A. B. Clarke, H. Gould, J. Dunlap, A. Mackie, W. E. Coale, A. Chapin, E. Jarvis, F. Dodge, J. Bigelow, E. E. Braun, C. M. Duncan, A. A. Watson, H. G. Clark, E. Huntington, J. B. Alley, H. Adams, B. E. Cotting.

The Recording Secretary read the records of the last meeting.

The following gentlemen were appointed to nominate a list of officers for the ensuing year: —

Dr. E. W. Carpenter	Barnstable.
„ N. S. Babbitt	Berkshire.
„ B. Carpenter	Bristol, North.
„ A. Mackie	Bristol, South.
„ J. Nelson	Middlesex, East.
„ B. Cutter	Middlesex, North.
„ E. Hunt	Essex, South.
„ J. Homans	Suffolk.
„ J. G. Metcalf	Worcester.

On the nomination of this Committee, the following officers were subsequently elected unanimously; viz.: —

Dr. Elisha Huntington, Lowell	*President.*
„ James Deane, Greenfield	*Vice-President.*
„ Charles E. Ware, Boston	*Corresponding Secretary.*
„ Benjamin E. Cotting, Roxbury	*Recording Secretary.*
„ Augustus A. Gould, Boston	*Treasurer.*
„ John B. Alley, Boston	*Librarian.*

Dr. Jacob Bigelow, of Boston, proposed, that, to the Amendments of the By-Laws which have already been printed and distributed, there be further added, in Art. XL.

Sect. 5, after the word "resignation," the following words, viz., "or by other causes;" which proposition was adopted. On his motion also, it was —

Voted, "That, whereas it appears that various districts do not hold their annual meetings until near the close of the medical year, therefore, by virtue of the power conferred on the President in By-Law XL. Art. 5, he be instructed to fill all vacancies that may exist in the office of Commissioner on Trials, as soon as practicable after the alterations shall have been accepted by the Society."

The Auditors' Report was read by Dr. Hunt, and accepted.

The Treasurer read his Report, which was accepted. An abstract thereof may be found on page 39.

Voted, "That the next annual meeting be held in New Bedford, on the first Wednesday of June, 1857."

After consultation, the Nominating Committee presented the following names of gentlemen, who were elected; viz.: —

For Orator	Dr. MARSHALL S. PERRY. .	Boston.
For Anniversary Chairman	Dr. LUTHER V. BELL . . .	Charlestown.
For Committee of Arrangements.	Dr. WILLIAM A. GORDON. .	New Bedford.
	Dr. WILLIAM J. DALE. . .	Boston.
	Dr. LYMAN BARTLETT . . .	New Bedford.
	Dr. JOHN H. MACKIE . . .	„ „

Voted, "That the Treasurer's salary be three hundred dollars for the current medical year."

Dr. Gould read the Report of the Committee on Resignations, recommending to be put upon the retired list, —

Dr. Enos Hoyt	Framingham,
„ John M. Grosvenor	Methuen,
„ George Russell	Boston,
„ Ebenezer Knight	Brimfield,

who have passed the age of sixty years, and paid all dues; and —

Dr. Jabez Fisher	Fitchburg,
„ A. W. Clark	

who have removed from the State.

The report was accepted, and the recommendations adopted.

Dr. Shurtleff read the Report of the Committee on the Library, which was accepted.

Drs. J. B. S. Jackson, C. Gordon, and C. G. Putnam were appointed the Committee on Publications.

Drs. A. A. Gould, N. B. Shurtleff, and D. H. Storer were appointed Committee on Resignations.

Drs. S. D. Townsend, C. P. Fiske, and Jacob Hayes were appointed a Committee on Finances.

The Treasurer read a list of delinquents.

The Treasurer, and also the Auditing Committee, having spoken of the smallness of the amounts paid into the general treasury by District Societies on account of their expenses, chiefly in commissions, Censors' fees, &c., it was —

Voted, on motion of Dr. Hayward, "That a Committee of three be appointed to consider the expediency of reducing the number of Censors, and to suggest such measures for diminishing the expenses of the Society as they may think expedient."

Drs. John Ware, of Boston; J. C. Dalton, of Lowell; and H. Adams, of Waltham, — were appointed.

At 9¼, P.M., adjourned.

B. E. COTTING,
Recording Secretary.

Dr. Massachusetts Medical Society in Account with Augustus A. Gould, Treasurer. Cr.

1855. May 27.			
Cash on hand			$1,560.07
Districts: Barnstable	$36.00		
Berkshire	31.00		
Bristol, North	45.00		
Bristol, South	81.00		
Essex, North	62.00		
Essex, South	78.00		
Hampden	93.00		
Middlesex, East	63.00		
Middlesex, North	57.00		
Middlesex, South	161.00		
Norfolk	114.00		
Plymouth	46.00		
Suffolk	24.00		
			891.00
Collected by Treasurer			982.75
Interest on Permanent Fund			618.92
Rents: Massachusetts College of Pharmacy	55.56		
Suffolk District Society	83.33		
			138.89
Recording Secretary, for Diplomas			16.00
Prize-money deposited by two individuals			200.00
			$4.407,63

E. E.

1856.			
May 27. Cash on hand			$1,112.19

Annual Dinner			$600.00
Gratuity to Treasurer			200.00
Annual Publication			217.24
Braithwaite's Retrospect			907.50
Printing, Advertising, Distribution of Braithwaite, &c., D. Clapp			195.77
Refunded to Districts: Barnstable	$19.50		
Berkshire	18.00		
Bristol, North	15.00		
Bristol, South	27.00		
Essex, North	21.00		
Essex, South	26.00		
Hampden	34.00		
Middlesex, East	21.00		
Middlesex, North	27.00		
Middlesex, South	69.00		
Norfolk	51.00		
Plymouth	15.00		
Suffolk	107.33		
			450.83
Commissions paid District Treasurers	40.10		
paid Collector	17.80		
			57.90
Censors' Fees: Bristol, North	14.00		
Barnstable	6.00		
Essex, North	8.00		
Hampden	6.00		
Hampshire	4.00		
			38.00
Rent: Cochituate Hall			187.50
Binding Books (Seidensticker)			16.80
Refunded amounts overpaid			11.00
Advertising			64.75
Incidental Expenses: Annual Meeting	22.49		
Removal of Library, &c.	12.75		
Postages, Envelopes, &c.	12.91		
			48.15
Treasurer's Salary			300.00
Cash to Balance			1,112.19
			$4.407.63

Massachusetts Medical Society.

PROCEEDINGS OF THE SOCIETY.

ANNUAL MEETING.

May 28, 1856.

The Annual Meeting of the Massachusetts Medical Society was held in the hall of the Lowell Institute, Boston, on Wednesday, May 28, 1856, at 10 o'clock, A.M., — the President in the chair.

The Recording Secretary read the records of the last annual meeting and of the adjourned meeting, and also a list of those who had become Fellows during the year; viz.: —

Norman S. Barnes	Pittsfield.
Charles E. Briggs	Boston.
William Bushnell	„
Irah E. Chase	Haverhill.
James Coolidge	Orange.
H—— Cowles	Saxonville.
John Crowell, jun.	Haverhill.
Ephraim Cutter	Woburn.
Chauncy L. Duncan	Shelburne.
Joseph B. Fobes	Bridgewater.
Francis F. Forsaith	South Abington.
George F. Gale	Deerfield.
Samuel A. Greene	Boston.
Horace Hatch	Brookline.

Edward L. Hill	Williamsburg.
Alfred Hosmer	Watertown.
James C. Howe	Haverhill.
George S. Hyde	Boston.
Yorick G. Hurd	Amesbury.
Charles C. Jewett	Holliston.
D—— W. Jones	Medfield.
Charles F. Kob	Boston.
John A. Lamson	Topsfield.
William Leach	Boston.
William Neilson	„
George K. Nichols	Grafton.
Louis E. Partridge	Natick.
J—— H. Richardson	
C—— M. Rublee	Boston.
Frederick A. Sawyer	Sterling.
Gustavus L. Simmons	Hingham.
Andrew M. Smith	Wilmington.
Horatio S. Soule	East Boston.
John Spring	Boston.
A. Everett Stetson	Milton.
Jonas F. Wakefield	South Malden.
Robert Ware	Boston.
Charles M. Weeks	„
James R. Wellman	Fitchburg.
Henry H. F. Whittemore	Marblehead.
Franklin A. Wood	Tyngsborough.

The Committee on the State Registrations reported, through Dr. Metcalf, that, on account of some misunderstanding, the Legislature had not, as yet, remedied the defects complained of.

Voted, "That the same Committee, viz., Drs. Bowditch, Jarvis, and Metcalf, be continued in office for the ensuing year."

Dr. Metcalf, from the Committee on Scientific Communications, reported that papers had been prepared for this meeting by Drs. Hitchcock, of Fitchburg; Durkee, of Boston; Haskell, of Rockport; and Bowditch, of Boston.

Voted, "That the same Committee, viz., Drs. Bowditch, George Choate, and Metcalf, be re-appointed for the ensuing year."

Voted, "That, when this Society adjourns, it adjourn to meet at 12 Temple Place, *to-morrow*, at 12 o'clock, M."

The Scientific Communications being called for, Dr. Metcalf, by request of the author, read Dr. Hitchcock's paper on a case of ovarian disease, and a case of excision of the elbow-joint.

Dr. Durkee read a paper on the Diagnosis and Treatment of Syphilitic Eruptions, and exhibited patients suffering under various forms of the disease.

Dr. Haskell read a paper on the Physiology of the Nervous System.

Dr. Bowditch concluded his Report on Phthisis in Massachusetts, its Geographical Distribution, and the Influence of Locality on its Development.

Dr. Townsend, Chairman of the Prize Committee, reported that the Committee had unanimously agreed upon the Dissertation considered worthy of the prize, and handed to the President the envelope bearing the motto of the Dissertation.

On breaking the seal, the author was found to be Dr. George H. Lyman, of Boston.

Dr. Lyman, being called for, gave a short account of the results arrived at in his paper.

The Treasurer and Auditors read their Reports, previously made to the Councillors.

At 1, P.M., Dr. John G. Metcalf, of Mendon, delivered the Annual Discourse.

Voted, on motion of Dr. Fiske, of Fiskedale, "That the thanks of the Society be presented to Dr. Metcalf for his elaborate and interesting discourse."

Under the direction of the Chief Marshal, Dr. E. Palmer, jun., of Boston, the Fellows, numbering more than five hundred (the largest number ever present at any meeting), were arranged in procession to proceed to dinner at the Revere House.

At $2\frac{1}{4}$, P.M., the Society adjourned.

B. E. COTTING,

Recording Secretary.

Adjourned Meeting of the Society.

May 29, 1856.

An adjourned meeting of the Massachusetts Medical Society was held at the Society's room, Temple Place, Boston, Thursday, May 29, 1856, at 12 o'clock, M.

The President and Vice-President being absent, Dr. Buck, of Boston, was chosen Chairman *pro tempore*.

The Chairman stated the object of the adjournment to be the consideration of amendments to the By-Laws, which had already been adopted by the Councillors.

The Recording Secretary read the proposed amendments, which, being unanimously *adopted*, have now become a part of the By-Laws, as follows: —

"That the first paragraph of the XIth By-Law be stricken out, and that the remainder shall read as follows: —

"Any Fellow may be punished by censure or expulsion, or, having resigned his Fellowship, may be deprived of his privileges, in the manner hereinafter specified, upon charges of the following description, made to the President of the Massachusetts Medical Society in writing, and signed by three or more fellows; viz.: —

"1. For any gross violation, &c. (to the end of the article).

"Art. XXX. to be amended by inserting, after the word "Librarian," the words, "and a Commissioner on Trials."

"After Art. XXXIX. (a new article);

"*XL. Of Trials for Offences.

"1. When charges of infraction of the By-Laws shall be duly made against any Fellow of the Society, the President shall thereupon select five of the Commissioners on Trials, who shall constitute a Board of Trial for the pending case: he shall appoint a time and place for the meeting of said Board, and shall notify the Commissioners appointed, also the Complainants, and the Accused Party, of said time and place.

"2. The said Board of Trial shall be empowered and required to meet as above provided, and three members shall constitute a quorum. They shall proceed to organize themselves, and to hear and try the charges aforesaid; and, if convinced that the charges have been substantiated by the complainants,

* XL. to be altered to XLI.

they shall convict the accused, or, if otherwise, they shall acquit him; and, in case of conviction, shall pass sentence, such as the laws of the Society authorize, which sentence shall take effect from the date of its passage.

"3. The Recording Secretary of the Society shall be Secretary of the Boards of Trial, and shall attend all trials, and keep a record of the doings of the Commissioners at said trials: he shall enter the several charges preferred, and the result of trial in each case, on the records of the Society, and shall communicate the same to the President of each of the District Societies at the close of the trial.

"4. Each Commissioner, and also the Secretary, shall be entitled to receive from the Treasury three dollars per day for the time necessarily spent in travel and in attendance on trials, with the necessary expenses of travel, — as may be decided by the Board; and each Commissioner who shall neglect or refuse to attend trials for which he has been designated shall be subject to the same penalty to which Censors are subjected, as provided in the 36th By-Law.

"5. The President of the Massachusetts Medical Society shall fill all vacancies by death or resignation, or by other causes, whether of the Commissioners of the District Societies, or in the Boards of Trial.

"6. Upon showing to the Councillors such cause as shall by them be deemed reasonable therefor, the accused shall be entitled to a revision of his trial by the Councillors, who may, according to their judgment, confirm or reverse the previous decision; and this shall be final.

"7. If, after due notification, the accused party shall fail to appear at the time and place of trial, without satisfactory excuse rendered at the time, he shall be considered as admitting the truth of the charges against him, and shall be liable to sentence accordingly.

"8. Legal counsel shall be inadmissible in trials before the Commissioners of the Society; but members of the Society may be heard as advocates on either side during the trial."

Voted, on motion of Dr. George Hayward, "That, when this meeting adjourn, it be to meet in this place on the Wednesday following the stated meeting of the Councillors in October, and that the Secretary state the object of the adjournment in the notifications to members."

Voted, unanimously, "That the thanks of the Society be presented to the Chairman of the Committee of Arrangements, and to the Chief Marshal, for the courteous, dignified, and satisfactory manner in which they performed their onerous and effective services at the late anniversary."

Voted, "That the Dissertation to which the prize was yesterday awarded be referred to the Committee on Publications."

At 1, P.M., adjourned to Oct. 8.

B. E. COTTING,

Recording Secretary.

Officers of the Massachusetts Medical Society.

FOR 1856-57.

ELISHA HUNTINGTON	President.
JAMES DEANE	Vice-President.
CHARLES E. WARE	Cor. Secretary.
BENJAMIN E. COTTING	Rec. Secretary.
JOHN B. ALLEY	Librarian.
AUGUSTUS A. GOULD	Treasurer.

Ex-officiis Vice-Presidents.

[ARRANGED ACCORDING TO SENIORITY.]

Henry H. Childs.
Walter Channing.
Jeremiah Spofford.
Paul L. Nichols.
William Bridgman.
Appleton Howe.
George Choate.
John Nelson.
Charles M. Fay.
Horatio Adams.
Lyman Bartlett.
Thaddeus Phelps.
Hanover Dickey.
George Shove.
Chenery Puffer.
Samuel A. Fisk.

Councillors.

Barnstable. — Drs. Samuel H. Gould, Brewster; Franklin Dodge, Harwich; Elijah W. Carpenter, Chatham; John Harpur, Sandwich.

Berkshire. — Drs. Henry H. Childs, Pittsfield; Henry L. Sabin, Williamstown; Nathan S. Babbitt, North Adams; Vassal White, Stockbridge; J—— B. Whiting, Lee.

Bristol, North. — Drs. Joseph D. Nichols, Taunton; Benoni Carpenter, Pawtucket; William Dickenson, Taunton; Caleb Swan, Easton.

Bristol, South. — Drs. Andrew Mackie, Lyman Bartlett, and William A. Gordon, New Bedford; Elisha P. Fearing, Nantucket; Joseph Haskell, Rochester; Robert T. Davis, Fall River.

Essex, North. — Drs. George W. Garland and David Dana, Lawrence; Josiah Atkinson, Newburyport; Martin Root, Byfield; William Cogswell, Bradford.

Essex, South. — Drs. George Choate, Salem; Ebenezer Hunt, Danvers; Benjamin Cox, jun., Salem; Augustus Torrey, Beverly; William Mack and William H. Prince, Salem.

Franklin. — Drs. James Deane, Greenfield, *Vice-President;* Humphrey Gould, Rowe; David Bradford, Montague; Charles M. Duncan, Shelburne.

Hampden. — Drs. Nathan Adams, Springfield; Thomas L. Chapman, Long Meadow; William G. Breck, Springfield; A—— B. Clark, Holyoke.

Hampshire. — Drs. James Dunlap, Northampton; Cyrus N. Chamberlain, Granby; F—— C. Green, Easthampton; Benjamin Smith, Amherst.

Middlesex, East. — Drs. John Nelson, Woburn; Horace P. Wakefield, Reading; Alonzo Chapin, Winchester; Benjamin Cutter, Woburn.

Middlesex, North. — Drs. ELISHA HUNTINGTON, *President,* Nathan Allen, John C. Dalton, Charles A. Savory, John W. Graves, John P. Jewett, and Hanover Dickey, Lowell; Nehemiah Cutter, Pepperell; Darius A. Dow, Westford.

Middlesex, South. — Drs. Levi Goodenough, Sudbury; Otis E. Hunt, Weston; Isaac G. Braman, Brighton; Samuel Richardson, Watertown; Eugene E. Braun, Charlestown; J. Henry Brown, West Newton; Henry A. Barrett, Concord; Luther V. Bell, Charlestown; Horatio Adams, Waltham; Jefferson Pratt, Hopkinton.

NORFOLK. — Drs. Ebenezer Stone, Walpole; Ebenezer Alden, Randolph; Edward Jarvis, Dorchester; Henry Bartlett, Roxbury; A. Le B. Monroe, Medway; B. E. COTTING, Roxbury, *Rec. Secretary;* Benjamin Mann, Roxbury; Erastus D. Miller, Dorchester; Stephen Salisbury, Brookline.

PLYMOUTH. — Drs. Winslow Warren and Timothy Gordon, Plymouth.

SUFFOLK. — Drs. Jacob Bigelow; George Hayward; Ephraim Buck; John Ware; John Homans; John Jeffries; Winslow Lewis; D. Humphreys Storer; John Flint; Charles G. Putnam; Henry Dyer; Abraham A. Watson; AUGUSTUS A. GOULD, *Treasurer;* Charles H. Stedman; Ezra Palmer, jun.; George Bartlett; Marshall S. Perry; John B. S. Jackson; Nathaniel B. Shurtleff; Charles Gordon; Henry G. Clark; Henry I. Bowditch; J. Mason Warren; George A. Bethune; Charles Chase, Chelsea; CHARLES E. WARE, *Cor. Secretary;* Phineas M. Crane, East Boston; James Ayer; William E. Coale; JOHN B. ALLEY, *Librarian.*

WORCESTER. — Drs. John Green, Worcester; Benjamin Pond, Westborough; William Workman, Worcester; Thomas R. Boutelle, Fitchburg; Calvin P. Fiske, Fiskedale; James W. Robbins, Uxbridge; John G. Metcalf, Mendon; Alfred Hitchcock, Fitchburg; Charles M. Fay, Charlton.

Censors.

BARNSTABLE. — Drs. Elijah W. Carpenter, Chatham; Franklin Dodge, Harwich; John Harpur, Sandwich; George W. Doane, Hyannis; Moses Rogers, Falmouth.

BERKSHIRE. — Drs. E—— Wright, Lee; Millen Sabin, Lenox; Oliver E. Brewster, Pittsfield.

BRISTOL, NORTH. — Drs. Thomas G. Nichols, Freetown; Lloyd Morton, Pawtucket; Joseph Gardner, Seekonk.

Bristol, South. — Drs. Paul Spooner, Julius S. Mayhew, and Charles D. Stickney, New Bedford; William W. Comstock, Middleborough; Benjamin B. Sisson, Westport.

Essex, North. — Drs. William D. Lamb, Lawrence; Stephen Huse, Methuen; Kendall Flint, Haverhill; Walter H. Kimball, Andover; George W. Garland, Lawrence.

Essex, South. — Drs. Henry Wheatland, William Mack, and William Williams, Salem.

Franklin. — Drs. Stephen Bates, Charlemont; Daniel Hovey, Greenfield; Edward Barton, South Orange.

Hampden. — Drs. Edward G. Ufford, West Springfield; Alfred Lambert and A—— S. McLean, Springfield; P. Le Breton Stickney, Chicopee; William Holbrook, Palmer.

Hampshire. — Drs. Samuel A. Fisk and James Thompson, Northampton; Franklin Bonney, Hadley.

Middlesex, East. — Drs. Alonzo Chapin and William Ingalls, Winchester; William F. Stephens, Stoneham.

Middlesex, North. — Drs. Nathan Allen, Hanover Dickey, Elisha Huntington, Luther B. Morse, and David Wells, Lowell.

Middlesex, South. — Drs. Morrill Wyman, Cambridge; Anson Hooker, East Cambridge; James M. Whittemore, Brighton; Simon Whitney, Framingham; Jacob Hayes, Charlestown.

Norfolk. — Drs. Simeon Tucker, Stoughton; Christopher C. Holmes, Milton; John S. Flint and Adams Wiley, Roxbury; Dana W. Hartshorn, Dedham.

Plymouth. — Drs. Josiah S. Hammond, Plympton; Timothy Gordon, Plymouth; Samuel A. Orr, East Bridgewater.

Suffolk. — Drs. Phineas M. Crane, East Boston; Charles G. Putnam, William E. Coale, William W. Morland, and Henry W. Williams, Boston.

Worcester. — Drs. William Workman and Joseph Sargent, Worcester; John G. Metcalf, Mendon; Alfred Hitchcock, Fitchburg; James W. Robbins, Uxbridge.

Commissioners on Trials.

[APPOINTED BY THE PRESIDENT, TO CONTINUE IN OFFICE UNTIL THE ELECTIONS ARE DULY MADE BY THE DISTRICT SOCIETIES.]

Barnstable	Elijah W. Carpenter, M.D.,	Chatham.
Berkshire	Henry H. Childs, M.D.,	Pittsfield.
Bristol, North . .	Dan King, M.D.,	Taunton.
Bristol, South . .	Andrew Mackie, M.D.,	New Bedford.
Essex, North	Jeremiah Spofford, M.D.,	Groveland.
Essex, South	George Choate, M.D.,	Salem.
Franklin	L. Dwight Seymour, M.D.,	Greenfield.
Hampden	William G. Breck, M.D.,	Springfield.
Hampshire	Samuel A. Fisk, M.D.,	Northampton.
Middlesex, East .	Alonzo Chapin, M.D.,	Winchester.
Middlesex, North	John C. Dalton, M.D.,	Lowell.
Middlesex, South	Anson Hooker, M.D.,	East Cambridge.
Norfolk	Ebenezer Alden, M.D.,	Randolph.
Plymouth	Timothy Gordon, M.D.,	Plymouth.
Suffolk	John Jeffries, M.D.,	Boston.
Worcester	William Workman, M.D.,	Worcester.

Officers of the District Medical Societies.

Barnstable. — Dr. George Shove, Yarmouth, Port, *President;* Dr. Elijah W. Carpenter, *Vice-President;* Dr. John M. Smith, Barnstable, *Secretary;* Dr. Chauncy M. Hurlburt, South Dennis, *Treasurer.*

Berkshire. — Dr. Henry H. Childs, Pittsfield, *President;* Dr. Nathan S. Babbitt, North Adams, *Vice-President;* Dr. Millen Sabin, Lenox, *Secretary;* Dr. Franklin A. Cady, Pittsfield, *Treasurer.*

Bristol, North. — Dr. Thaddeus Phelps, Attleborough, *President;* Dr. Benoni Carpenter, Pawtucket, *Vice-President;* Dr. Chas.

Howe, Raynham, *Secretary and Treasurer*; Drs. James B. Dean, Taunton, and Albert Newman, Attleborough, *Librarians.*

Bristol, South. — Dr. Lyman Bartlett, New Bedford, *President;* Dr. Robert T. Davis, Fall River, *First Vice-President;* Dr. William A. Gordon, New Bedford, *Second Vice-President;* Dr. Charles D. Stickney, New Bedford, *Secretary;* Dr. John H. Mackie, New Bedford, *Treasurer and Librarian.*

Essex, North. — Dr. Jeremiah Spofford, Groveland, *President;* Dr. Dean Robinson, West Newbury, *Vice-President;* Dr. Martin Root, Byfield, *Secretary and Treasurer;* Dr. James C. Howe, Haverhill, *Librarian.*

Essex, South. — Dr. George Choate, Salem, *President;* Dr. Ebenezer Hunt, Danvers, *Vice-President;* Dr. George A. Perkins, Salem, *Treasurer;* Dr. Frederick Winsor, Salem, *Secretary;* Dr. Lincoln R. Stone, Salem, *Librarian.*

Franklin. — Dr. Chenery Puffer, Sherburne Falls, *President;* Dr. Elijah Stratton, Northfield, *Vice-President;* Dr. L. Dwight Seymour, Greenfield, *Secretary, Treasurer, and Librarian.*

Hampden. — Dr. William Bridgman, Springfield, *President;* T—— K. De Wolf, Chester, *Vice-President;* Dr. George A. Otis, jun., Springfield, *Secretary, Treasurer, and Librarian.*

Hampshire. — Dr. Samuel A. Fisk, Northampton, *President;* Dr. Seth Fisk, Amherst, *Vice-President;* Dr. James Thompson, Northampton, *Secretary;* Dr. Artemas Bell, Southampton, *Treasurer;* Dr. Daniel Thompson, *Librarian.*

Middlesex, East. — Dr. John Nelson, Woburn, *President;* Dr. Joseph D. Mansfield, South Reading, *Vice-President;* Dr. William Ingalls, Winchester, *Secretary;* Dr. Benjamin Cutter, Woburn, *Treasurer and Librarian.*

Middlesex, North. — Dr. Hanover Dickey, Lowell, *President;* Dr. John W. Graves, Lowell, *Vice-President;* Dr. Jonathan Brown, Tewksbury, *Secretary;* Dr. Nathaniel B. Edwards, Chelmsford, *Treasurer and Librarian.*

Middlesex, South. — Dr. Horatio Adams, Waltham, *President;* Dr. Morrill Wyman, Cambridge, *Vice-President;* Dr. Otis

E. Hunt, Weston, *Secretary;* Dr. Royal S. Warren, Waltham, *Treasurer.*

Norfolk. — Dr. Appleton Howe, Weymouth, *President;* Dr. Ebenezer Stone, Walpole, *Vice-President;* Dr. Edward Jarvis, Dorchester, *Secretary;* Dr. Danforth P. Wight, Dedham, *Treasurer;* Dr. Lemuel Dickerman, Foxborough, *Librarian.*

Plymouth. — Dr. Paul L. Nichols, Kingston, *President;* Dr. Warren Winslow, Plymouth, *Vice-President;* Dr. Frederic A. Jewett, Abington, *Secretary and Treasurer;* Dr. Francis Collamore, Pembroke, *Librarian.*

Suffolk. — Dr. Walter Channing, Boston, *President;* Dr. Henry I. Bowditch, Boston, *Vice-President;* Dr. Luther Parks, Boston, *Secretary;* Dr. Abraham A. Watson, Boston, *Treasurer;* Dr. William E. Coale, Boston, *Librarian.*

Worcester. — Dr. Charles M. Fay, Charlton, *President;* Dr. Moses D. Southwick, Blackstone, *Vice-President;* Dr. John E. Hathaway, Worcester, *Secretary;* Dr. Charles W. Whitcomb, Worcester, *Treasurer;* Dr. Henry Clarke, Worcester, *Librarian.*

BY-LAWS

OF THE

MASSACHUSETTS MEDICAL SOCIETY.

ADOPTED MAY 29, 1856.

"That the first paragraph of the XIth By-Law be stricken out, and that the remainder shall read as follows: —

"Any Fellow may be punished by censure or expulsion, or, having resigned his Fellowship, may be deprived of his privileges, in the manner hereinafter specified, upon charges of the following description, made to the President of the Massachusetts Medical Society in writing, and signed by three or more Fellows; viz.: —

"1. For any gross and notorious immorality, and for any crime of which he may have been convicted.

"2. For any attempt to overturn or destroy the Society.

"3. For the breach of any By-laws of the Society, for which censure, expulsion, or deprivation of privileges, is made the penalty.

"4. For furnishing to any person, or presenting in his own behalf, a false certificate of character and studies as a student of medicine, tending to deceive the public, or the Censors of the Society.

"5. For any conduct unbecoming and unworthy an honorable physician, and member of this Society."

"Art. XXX. to be amended by inserting, after the word "Librarian," the words, "and a Commissioner on Trials."

"After Art. XXXIX. (a new article);

"*XL. Of Trials for Offences.

"1. When charges of infraction of the By-Laws shall be duly made against any Fellow of the Society, the President shall thereupon select five of the Commissioners on Trials, who shall constitute a Board of Trial for the pending case: he shall appoint a time and place for the meeting of said Board, and shall notify the Commissioners appointed, also the Complainants, and the Accused Party, of said time and place.

* XL. to be altered to XLI.

"2. The said Board of Trial shall be empowered and required to meet as above provided, and three members shall constitute a quorum. They shall proceed to organize themselves, and to hear and try the charges aforesaid; and, if convinced that the charges have been substantiated by the complainants, they shall convict the accused, or, if otherwise, they shall acquit him; and, in case of conviction, shall pass sentence, such as the laws of the Society authorize, which sentence shall take effect from the date of its passage.

"3. The Recording Secretary of the Society shall be Secretary of the Boards of Trial, and shall attend all trials, and keep a record of the doings of the Commissioners at said trials: he shall enter the several charges preferred, and the result of trial in each case, on the records of the Society, and shall communicate the same to the President of each of the District Societies at the close of the trial.

"4. Each Commissioner, and also the Secretary, shall be entitled to receive from the Treasury three dollars per day for the time necessarily spent in travel and in attendance on trials, with the necessary expenses of travel, — as may be decided by the Board; and each Commissioner who shall neglect or refuse to attend trials for which he has been designated shall be subject to the same penalty to which Censors are subjected, as provided in the 36th By-Law.

"5. The President of the Massachusetts Medical Society shall fill all vacancies by death or resignation, or by other causes, whether of the Commissioners of the District Societies, or in the Boards of Trial.

"6. Upon showing to the Councillors such cause as shall by them be deemed reasonable therefor, the accused shall be entitled to a revision of his trial by the Councillors, who may, according to their judgment, confirm or reverse the previous decision; and this shall be final.

"7. If, after due notification, the accused party shall fail to appear at the time and place of trial, without satisfactory excuse rendered at the time, he shall be considered as admitting the truth of the charges against him, and shall be liable to sentence accordingly.

"8. Legal counsel shall be inadmissible in trials before the Commissioners of the Society; but members of the Society may be heard as advocates on either side during the trial."

PROCEEDINGS OF THE COUNCILLORS.

October Meeting, 1856.

A stated meeting of the Councillors of the Massachusetts Medical Society was held at their room, 12 Temple Place, Boston, Oct. 1, 1856, at 11 o'clock, A.M.

The following Councillors were present: —

Adams, H.	Choate, G.	Miller, E. D.
Alden, E.	Coale, W. E.	Nelson, J.
Alley, J. B.	Cotting, B. E.	Palmer, E., jun.
Ayer, J.	Crane, P. M.	Perry, M. S.
Bartlett, G.	Flint, J.	Pond, B.
Barrett, H. A.	Gould, A. A.	Pratt, J.
Bigelow, J.	Hayward, G.	Root, M.
Bowditch, H. I.	Homans, J.	Salisbury, S.
Braun, E. E.	Hunt, E.	Shurtleff, N. B.
Buck, E.	Jackson, J. B. S.	Wakefield, H. P.
Chapin, A.	Lewis, W.	Ware, C. E.
Chase, C.	Metcalf, J. G.	Ware, J. 36.

The President, Vice-President, and *ex-officiis* Vice-Presidents, being absent, the Recording Secretary called the meeting to order; and, on motion of Dr. H. I. Bowditch, Dr. George Hayward, of Boston, was appointed Chairman.

The Recording Secretary read the records of the last meeting; which were accepted.

The Corresponding Secretary read a letter from Dr. James Y. Simpson, of Edinburgh, accepting the honorary membership conferred upon him.

Dr. John Ware, from the Committee appointed at the last meeting in regard to the Censors, and expenses of the Society, read a Report, which was *received* without objection; and, on motion, the several sections were separately taken up, and severally *accepted.*

Voted, "That the same Committee be requested to put the proposed alterations into the form of By-laws and Rules, — stating the clauses thereby modified or repealed, — and to present the same to the Councillors at an adjourned meeting."

Drs. A. A. Gould, C. G. Putnam, F. Minot, H. W. Williams, and A. Hooker, sen., were appointed a Prize Committee for 1857.

The request of Dr. Benjamin Barrett, of Northampton, to become a Retired Member, was granted.

Adjourned to Oct. 8, at $10\frac{1}{2}$, A.M.

B. E. COTTING,
Recording Secretary.

ADJOURNED MEETING.

OCTOBER, 1856.

An adjourned meeting of the Councillors of the Massachusetts Medical Society was held at their room, 12 Temple Place, Boston, on Wednesday, Oct. 8, 1856, at $10\frac{1}{2}$ o'clock, A.M.

The following Councillors were present; viz., —

Alden, E.	Gould, A. A.	Wakefield, H. P.
Braun, E. E.	Hayward, G.	Watson, A. A.
Bigelow, J.	Homans, J.	Ware, C. E.
Chapin, A.	Jarvis, E.	Ware, J.
Cotting, B. E.	Jackson, J. B. S.	16.
Dyer, H.	Shurtleff, N. B.	

Dr. George Hayward in the chair.

The records of the last meeting were read and accepted.

Dr. John Ware, from the Committee on By-laws, in conformity with the vote of last meeting, reported the sections of By-laws as amended; and recommended —

"That the sections of By-laws and Rules now in force be newly arranged and numbered, to meet the changes now or heretofore made in them."

The Report was accepted, and its recommendation unanimously adopted.

At 11 o'clock, A.M., dissolved.

B. E. COTTING,
Recording Secretary.

FEBRUARY MEETING, 1857.

A stated meeting of the Councillors of the Massachusetts Medical Society was held at their room, 12 Temple Place, Boston, on Wednesday, Feb. 4, 1857.

The following Councillors were present: —

Adams, H.	Goodnough, L.	Palmer, E., jun.
Alley, J. B.	Gordon, C.	Phinney, E. O.
Ayer, J.	Gould, A. A.	Pond, B.
Bartlett, H.	Graves, J. W.	Prince, W. H.
Bell, L. V.	Harpur, J.	Putnam, C. G.
Bethune, G. A.	Hayward, G.	Richardson, S.
Bigelow, J.	Hitchcock, A.	Root, M.
Boutelle, T. R.	Homans, J.	Salisbury, S.
Bowditch, H. I.	Howe, A.	Savory, C. A.
Buck, E.	Hunt, E.	Shurtleff, N. B.
Clark, H. G.	Hunt, O. E.	Stone, E.
Cotting, B. E.	Huntington, E.	Storer, D. H.
Crane, P. M.	Jackson, J. B. S.	Torrey, A.
Cutter, B.	Jarvis, E.	Ware, C. E.
Dickey, H.	Jeffries, J.	Ware, J.
Dow, D. A.	Lewis, W.	Warren, J. M.
Dyer, H.	Mann, B.	Watson, A. A. 51.

The President in the chair.

The records were read and accepted.

The following Committees were appointed: —

On the Treasurer's Accounts.

Dr. Silas Durkee	Boston.
„ Phineas M. Crane	East Boston.

On the Library.

Dr. Nathaniel B. Shurtleff	Boston.
„ Edward H. Clarke	Boston.

The Committee on Resignations recommended for Retired Members, —

Dr. Richard A. Spofford	Newburyport;
„ Timothy Kinniston	Haverhill;
„ Nathan Jones	Wenham;
„ Henry J. Martin	Boston;

they having paid their dues, and having arrived at the age of sixty years; also —

Dr. William R. Lawrence	Boston,

having paid his dues, and having relinquished practice.

These recommendations were severally adopted.

The Committee reported that Dr. Thomas K. Thomas had resigned his Fellowship, having removed from the State.

At 12½, P.M., dissolved.

B. E. COTTING,
Recording Secretary.

ANNUAL MEETING, JUNE, 1857.

The Annual Meeting of the Councillors of the Massachusetts Medical Society was held at the City Hall, New Bedford, on Tuesday, June 2, 1857, at 8 o'clock, P.M.

The following Councillors were present; viz., —

Alden, E.	Cotting, B. E.	Huntington, E.
Alley, J. B.	Cox, B., jun.	Jackson, J. B. S.
Babbitt, N. S.	Crane, P. M.	Jarvis, E.
Bartlett, G.	Dalton, J. C.	King, D.
Bartlett, L.	Dickey, H.	Lambert, A.
Bell, L. V.	Dodge, F.	Mackie, A.
Bigelow, J.	Fay, C. M.	McLean, A. L.
Bowditch, H. I.	Fiske, C. P.	Nichols, J. D.
Braun, E. E.	Gould, A. A.	Perkins, H. C.
Buck, E.	Gould, S. H.	Perry, M. S.
Cabot, S., jun.	Gordon, C.	Pierce, J.
Carpenter, E. W.	Hayward, G.	Pratt, J.
Chaffee, C. C.	Heywood, B. F.	Savory, C. A.
Coale, W. E.	Hitchcock, A.	Stone, E.
Comstock, W. W.	Homans, J.	Ware, C. E.
Cornish, A.	Hunt, E.	47.

The President in the chair.

The records were read and accepted.

The Recording Secretary read a list of those reported to have joined the Society since the last annual meeting; viz., —

H—— H. Beals	Pittsfield.
Edwin Brink	„
Orlando Brown	Wrentham.
Arthur H. Cowdray	Acton.
Arthur T. Crozier	
David F. Drew	Woburn.
James M. Foster	Springfield.
John S. Gallup	Medfield.
Nathan Hayward, jun.	Roxbury.
George M. Howe	Harvard.
Henry Janes	Chelsea.
William M. Lane	Charlestown.
Thomas Lynch	South Boston.
John N. Niles	Boston.
John L. Nihill	South Boston.
William Osgood	Boston.
Albert Potter	Charlton (Depot).
Mark Ranney	Charlestown.
Lucius M. Sargent, jun.	Boston.
Absalom B. Stuart	Westhampton.

Theron Temple	Belchertown.
Austin W. Thompson	Northampton.
Martin A. Tinker	Pittsfield.
Stephen Tracy	Andover.
J—— C. White	25.

The following list of Fellows, deceased during the year, was also read:—

Name.	Residence.	Admitted.	Died.	Age.
James C. Briggs	Marblehead	1839	Dec. 18, 1856	
Elijah Colby	New Bedford	1847	Aug. 30, 1856	58
Lewis J. Glover	Quincy	1835	June 24, 1856	49
Edwin P. Grosvenor	Newburyport	1843	Dec. 13, 1856	
Joshua H. Hayward	Boston	1828	Nov. 2, 1856	60
James S. Hill	Sacramento, Cal.	1856	Apr. 21, 1857	32
Ingalls Kittredge	Beverly	1827	June 17, 1856	86
William B. Mason	Dartmouth	1822	Nov., 1856	74
Thomas I. Parker	Boston	1809	Dec. 10, 1856	73
John G. Perkins	Great Barrington	1855	June, 1856	
John D. Pillsbury	Lowell	1834		
Joseph Poland	South Reading	1844	April, 1857	
Clement F. Shiverick	Edgartown	1845	Feb. 14, 1857	39
Enos Smith	Ashfield	1812	Oct. 11, 1856	86
Augustus C. Taft	Boston	1841	1857	
Ezekiel Thaxter	Abington	1819	Oct. 11, 1856	69
John G. Treadwell	Salem	1831	Aug. 6, 1856	51
Vassal White	Stockbridge	1837	August, 1856	
Robert Worthington	Lenox	1820	Aug. 5, 1856	64
E—— C. Wright	Sterling	1851		
				20.

Voted, "That a Committee of one from each District present be appointed to retire, and nominate a list of officers for the ensuing year.

The following gentlemen were appointed:—

Dr. E. W. Carpenter	Barnstable.
„ D. King	Bristol, North.
„ A. Mackie	Bristol, South.
„ H. C. Perkins	Essex, North.
„ E. Hunt	Essex, South.
„ C. C. Chaffee	Hampden.
„ J. C. Dalton	Middlesex, North.
„ E. E. Braun	Middlesex, South.
„ E. Jarvis	Norfolk.
„ G. Hayward	Suffolk.

The President, Vice-President, and Corresponding Secretary, severally declined re-election.

Voted, "That the present officers be requested to continue in service until the close of this meeting."

The Nominating Committee subsequently reported the following candidates, who were chosen by ballot: —

Dr. LUTHER V. BELL, Charlestown	*President.*
„ THOMAS R. BOUTELLE, Fitchburg . . .	*Vice-President.*
„ BENJAMIN E. COTTING, Roxbury . . .	*Corresponding Secretary.*
„ JOHN B. ALLEY, Boston	*Recording Secretary.*
„ WILLIAM E. COALE, Boston	*Librarian.*
„ AUGUSTUS A. GOULD, Boston	*Treasurer.*

The Committee also nominated —

Dr. JAMES DEANE, Greenfield	*Orator.*
„ JOSIAH BARTLETT, Concord	*Anniversary Chairman.*
„ WILLIAM J. DALE, Boston	*Committee of Arrangements.*
„ WILLIAM E. COALE, Boston	
„ CHARLES E. BUCKINGHAM, Boston . .	
„ FRANCIS MINOT, Boston	
„ ALGERNON COOLIDGE, Boston . . .	

All of whom were chosen.

Voted, "That the next annual meeting be held in Boston."

The Treasurer read his Report; which, after the reading of the Report of the Auditors, was unanimously accepted.

Voted, "That the salary of the Treasurer for the ensuing year be the same as for the past year, and that it be continued at the same rate until otherwise ordered."

The Treasurer read the names of those who were delinquent in paying assessments.

The Committee on Resignations reported the requests to become Retired Members of —

Dr. Wyatt C. Boyden	Beverly;
„ Jesse Merrill	Hopkinton;
„ Paul L. Nichols	Kingston;

who have passed the age of sixty years, and paid all dues; and the wish to resign Fellowship of —

Dr. Jonathan F. Worcester . . . . . Salem;
„ David Youngman . . . . . Woburn;

who have relinquished practice, and paid all dues.

These requests were granted.

The Report of the Committee on the Library, read by Dr. Homans, was accepted.

Drs. J. B. S. Jackson, C. Gordon, and C. G. Putnam, were appointed the Committee on Publications.

Drs. A. A. Gould, N. B. Shurtleff, and D. H. Storer, were appointed the Committee on Resignations.

Drs. S. D. Townsend, C. P. Fiske, and Jacob Hayes, were appointed the Committee on Finances.

Voted, on motion of Dr. J. Bigelow, "That a Committee of three be appointed to examine and report on any defects or discrepancies, if such exist, in the Acts of the Legislature relating to this Society."

Drs. J. Bigelow, J. Ware, and J. C. Dalton, were appointed this Committee.

Dr. W. E. Coale read a communication from the Censors of Suffolk District, recommending an alteration of the Charter and By-laws, so as to require all candidates for Fellowship to be examined by the Censors of this Society.

After an animated discussion, on motion of Dr. Buck, of Boston, the document was laid on the table, and ordered to be printed for the use of the Councillors.

A letter was read from Dr. Lyman Bartlett, of New Bedford, inviting the Councillors to a social meeting at his house, after adjournment. Accepted by acclamation.

The President, in a short and appropriate speech, resigned the chair to the President elect, who received it in a similar manner; whereupon, at $10\frac{1}{2}$, P.M., the meeting was dissolved.

B. E. COTTING,
Recording Secretary.

PROCEEDINGS OF THE SOCIETY.

ADJOURNED MEETING, OCT. 8, 1856.

An adjourned meeting of the Massachusetts Medical Society was held at 12 Temple Place, Boston, on Wednesday, Oct. 8, 1856, at 11 o'clock, A.M., — the President in the chair.

The records were read and accepted.

Dr. John Ware reported the amendments and alterations of the By-laws and Rules, which had been adopted by the Councillors.

Voted, on motion of Dr. E. Alden, of Randolph, "That the amendments and alterations be accepted and adopted by the Society."

Voted, on motion of Dr. George Hayward, "That a new and revised edition of the By-laws, embracing all the sections now in force, be printed and distributed under the direction of the officers of the Society; and that they be authorized to make verbal alterations, if any should be found necessary, to make the several By-laws consistent with each other."

At $12\frac{1}{4}$, P.M., the meeting was dissolved.

B. E. COTTING,

Recording Secretary.

ANNUAL MEETING.

JUNE 3, 1857.

The Annual Meeting of the Massachusetts Medical Society was held in Liberty Hall, New Bedford, June 3, 1857, at 10 o'clock, A.M., — the President in the chair.

The Recording Secretary read the records of the last meeting, reported the names of those who had become Fellows during the past year, and read the annual list of deceased members.

Dr. Bowditch, from the Committee on the State Registration, made a verbal report, requesting that the Committee be excused from further consideration of the subject.

Voted, "That the Committee be discharged."

The Scientific Communications being in order, Dr. H. C. Perkins, of Newburyport, read a paper on the History of Typhoid and Typhus Fever.

Voted, "That the Committee on Scientific Communications — Drs. J. G. Metcalf, George Choate, and H. I. Bowditch — be continued in office for the ensuing year."

The Treasurer presented an abstract of his Annual Report, and the President read the Auditor's Report; both of which were placed on file. (See p. 64.)

The Treasurer explained, that, although there was a deficient treasury, it had not risen from inattention on his part, — the amount collected exceeding, by several hundred dollars, that of any preceding year, — but solely on account of increased expenditures; the payments for publications distributed to members being double those for any previous year.

The Report of the Prize Committee was read by the President; and, on breaking the seal, the author was found to be Dr. Worthington Hooker, of New Haven.

The dissertation was referred to the Committee on Publications.

Dr. Horatio R. Storer, of Boston, leave being granted, related the action of the Suffolk Society on the subject of the frequency of criminal abortions, and offered a resolution for the consideration of the meeting.

Dr. McLean, of Springfield, moved an amendment to the resolution.

Dr. Lyman, of Boston, explained the action of the Suffolk Society, and moved the indefinite postponement of the whole matter.

After a prolonged discussion, the last two motions were rejected; and, on motion of Dr. F. Hooper, of Fall River, the resolution and the whole subject were referred to a Committee of seven, to report to the Councillors at their next meeting.

Drs. F. Hooper, J. Bigelow, J. Ware, J. C. Dalton, E. Hunt, C. Gordon, and H. R. Storer, were appointed.

At 1, P.M., Dr. Marshall S. Perry, of Boston, delivered the Annual Discourse.

Voted unanimously, on motion of Dr. J. Ware, "That the thanks of the Society be presented to Dr. Perry for his able, interesting, and instructive Discourse."

At $2\frac{1}{2}$, P.M., the meeting was dissolved.

Under the direction of Dr. Charles Gordon, of Boston, Chief Marshal, the Fellows were arranged in procession, and proceeded to the City Hall, where they dined, with their invited guests.

JOHN B. ALLEY,

Recording Secretary.

DR. Massachusetts Medical Society in account with Augustus A. Gould, Treasurer. CR.

Annual Dinner			$623.46
Annual Publication and Prize Essay			749.14
Braithwaite's Retrospect			882.88
Copland's Dictionary, vol. xxi.			805.22
Distribution of Publications, and printing By-laws, &c.			295.46
Refunded to Districts: Barnstable	$15.00		
Franklin	15.00		
Hampden	5.00		
Hampshire	23.00		
Essex, North	58.50		
Essex, South	32.00		
Middlesex, East	14.25		
Middlesex, North	35.50		
Middlesex, South	50.75		
Norfolk	36.75		
Plymouth	15.00		
Suffolk	211.42		
Worcester	63.75		
			575.92
Commissions to District Treasurers	49.90		
to Collector	13.58		
			63.48
Censors' Fees: Barnstable District	12.00		
Essex, North District	6.00		
			18.00
Rent and Taxes			564.09
Alteration and furnishing of Rooms			150.34
Treasurer's Salary			300.00
Librarian: Expenses, Freights, &c.			13.22
Printing Diplomas, &c.			14.75
Advertising			54.64
Prize Dissertation			100.00
Notes Receivable			39.00
Refunded: overpaid			7.50
Incidental Expenses for Postage, Stationery, &c.	16.71		
at Annual Meeting	22.83		
			39.54
			$5,296.64

1857. June 1.			
Cash on hand			$1,112.19
Districts: Barnstable	$33.00		
Bristol	0.00		
Essex, North	165.00		
Essex, South	48.00		
Franklin	30.00		
Hampden	15.00		
Hampshire	45.00		
Middlesex, East	27.00		
Middlesex, North	93.00		
Middlesex, South	120.00		
Norfolk	84.00		
Plymouth	42.00		
Suffolk	345.00		
Worcester	93 00		
			1,140.00
Collected by Treasurer			1,092.00
Interest on Permanent Fund			618.92
Rents and Taxes from Occupants of Rooms			370.33
Recording Secretary: Diplomas			12.00
Librarian: Sales of Books			19.80
Interest			2.00
Notes Payable			835.63
Balance due Treasurer			93.77
			$5,296.64

E. E.

Officers of the Massachusetts Medical Society.

1857–58.

LUTHER V. BELL	Charlestown	President.
THOMAS R. BOUTELLE	Fitchburg	Vice-President.
BENJAMIN E. COTTING	Roxbury	Cor. Secretary.
JOHN B. ALLEY	Boston	Rec. Secretary.
WILLIAM E. COALE	Boston	Librarian.
AUGUSTUS A. GOULD	Boston	Treasurer.

Ex-officiis Vice-Presidents.

[arranged according to seniority.]

Henry H. Childs.
Walter Channing.
Dean Robinson.
Paul L. Nichols.
Horatio Adams.
Ebenezer Hunt.
Henry Bartlett.
William A. Gordon.
Samuel A. Toothaker.
Joshua J. Johnson.
Thaddeus Phelps.
Seth Fisk.
Hanover Dickey.
George Shove.
Nathan Adams.
David Bradford.

Councillors.

Barnstable. — Drs. Samuel H. Gould, Brewster; Franklin Dodge, Harwich; Elijah W. Carpenter, Chatham; George Shove, Yarmouthport.

Berkshire. — [No returns.]

Bristol, North. — Drs. Joseph D. Nichols, Taunton; Benoni Carpenter, Pawtucket; Dan King, Taunton.

Bristol, South. — Drs. Andrew Mackie, Lyman Bartlett, and Aaron Cornish, New Bedford; Robert T. Davis, Fall River; John Pierce, Edgartown; William W. Comstock, Middleborough.

Essex, North. — Drs. William D. Lamb, Lawrence; Jeremiah Spofford, Groveland; Henry C. Perkins, Newburyport; Stephen Tracy, Andover; Kendall Flint, Haverhill.

Essex, South. — Drs. Ebenezer Hunt, Danvers; Benjamin Cox, jun., Salem; Augustus Torrey, Beverly; William Williams and William H. Prince, Salem; Benjamin Haskell, Rockport.

Franklin. — Drs. James Deane, Greenfield; David Bradford, Montague; Charles M. Duncan, Shelburne; Nathaniel G. Trow, Sunderland.

Hampden. — Drs. Alexander S. McLean, Calvin C. Chaffee, and Alfred Lambert, Springfield; Thaddeus K. De Wolf, Chester.

Hampshire. — Drs. Artemas Bell, Southampton; Cyrus N. Chamberlain, Granby; Hervey Orcutt, Westhampton; Israel H. Taylor, Amherst.

Middlesex, East. — Drs. Benjamin Cutter, Woburn; Samuel A. Toothaker, Wilmington; Erastus O. Phinney, Melrose.

Middlesex, North. — Drs. Elisha Huntington, Nathan Allen, John C. Dalton, Charles A. Savory, John W. Graves, Jeremiah P. Jewett, and Hanover Dickey, Lowell; Nehemiah Cutter, Pepperell; Darius A. Dow, Westford.

Middlesex, South. — Drs. Isaac G. Braman, Brighton; Eugene E. Braun, Charlestown; J. Henry Brown, West Newton; Henry A. Barrett, Concord; LUTHER V. BELL, *President*, Charlestown; Horatio Adams, Waltham; Jefferson Pratt, Hopkinton; William W. Wellington, Cambridgeport; Howland Holmes, Lex-

ington; Royal S. Warren, Waltham; Albert H. Blanchard, Sherburne; Allston W. Whitney, Framingham.

Norfolk. — Drs. Ebenezer Stone, Walpole; Ebenezer Alden, Randolph; Edward Jarvis, Dorchester; Henry Bartlett, Roxbury; A. Le B. Monroe, Medway; B. E. Cotting, Roxbury, *Cor. Secretary;* Benjamin Mann; Roxbury; Erastus D. Miller, Dorchester; Stephen Salisbury, Brookline.

Plymouth. — Drs. James Wild, Duxbury; Calvin B. Pratt, Bridgewater.

Suffolk. — Drs. Jacob Bigelow; George Hayward; Ephraim Buck; John Ware; John Homans; John Jeffries; Winslow Lewis; D. Humphreys Storer; John Flint; Charles G. Putnam; Henry Dyer; Abraham A. Watson; Augustus A. Gould, *Treasurer;* Charles H. Stedman; Ezra Palmer, jun.; George Bartlett; Marshall S. Perry; John B. S. Jackson; Nathaniel B. Shurtleff; Charles Gordon; Henry G. Clark; Henry I. Bowditch; J. Mason Warren; George A. Bethune; Charles Chase, Chelsea; Charles E. Ware; Phineas M. Crane, East Boston; James Ayer; Silas Durkee; William E. Coale, *Librarian;* John B. Alley, *Rec. Secretary.*

Worcester. — Drs. Benjamin F. Heywood, Worcester; Benjamin Pond, Westborough; William Workman, Worcester; Thomas R. Boutelle, *Vice-President,* Fitchburg; Calvin P. Fiske, Fiskedale; Alfred Hitchcock, Fitchburg; Charles M. Fay, Charlton; Oramel Martin, Worcester; Rowse R. Clarke, Whitinsville.

Censors.

Barnstable. — Drs. Elijah W. Carpenter, Chatham; Franklin Dodge, Harwich; George W. Doane, Hyannis; George Shove, Yarmouthport; Samuel H. Gould, Brewster.

Berkshire. — [No returns.]

Bristol, North. — Drs. Thomas G. Nichols, Freetown; Lloyd Morton, Pawtucket; Johnson Gardner, Pawtucket.

Bristol, South. — Drs. Charles D. Stickney and Johnson Clarke, New Bedford; George Atwood, Fairhaven; William E. Sparrow, Mattapoisett; Jerome Dwelley, Fall River.

Essex, North. — Drs. Walter H. Kimball, Andover; George W. Garland, Lawrence; Henry C. Perkins, Newburyport; Jeremiah Spofford, Groveland; Israel N. Smith, Haverhill.

Essex, South. — Drs. Henry Wheatland; George A. Perkins and William Williams, Salem.

Franklin. — Drs. Stephen Bates, Charlemont; Edward Barton, South Orange; Lucius Cook, Montague.

Hampden. — Drs. Nathaniel Downes, West Springfield; David P. Smith and Henry R. Vaille, Springfield; William Holbrook, Palmer; Alvan Smith, Monson.

Hampshire. — Drs. Daniel Thompson, Northampton; J. H. Richardson, Chesterfield; William Lester, South Hadley.

Middlesex, East. — Drs. William Ingalls, Winchester; Horace P. Wakefield, Reading; Moses Parker, Melrose.

Middlesex, North. — Drs. Nathan Allen, Hanover Dickey, Elisha Huntington, and Luther B. Morse, Lowell; Levi Howard, Chelmsford.

Middlesex, South. — Drs. Simon Whitney, Framingham; Moses Clark, East Cambridge; Josiah Bartlett, Concord.

Norfolk. — Drs. Simeon Tucker, Stoughton; Christopher C. Holmes, Milton; John S. Flint and Adams Wiley, Roxbury; Dana W. Hartshorn, Dedham.

Plymouth. — Drs. Josiah S. Hammond, Plympton; Timothy Gordon, Plymouth; Samuel A. Orr, East Bridgewater.

Suffolk. — Drs. Phineas M. Crane, East Boston; Charles G. Putnam, William E. Coale, William W. Morland, and Henry W. Williams, Boston.

Worcester. — Drs. John G. Metcalf, Mendon; Joseph Sargent, Thomas H. Gage, and Rufus Woodward, Worcester; James W. Robbins, Uxbridge.

Commissioners of Trials.

Barnstable	Elijah W. Carpenter, M.D.	Chatham.
Berkshire	Henry H. Childs, M.D.	Pittsfield.
Bristol, North	Dan King, M.D.	Taunton.
Bristol, South	Foster Hooper, M.D.	Fall River.
Essex, North	Jeremiah Spofford, M.D.	Groveland.
Essex, South	George Choate, M.D.	Salem.
Franklin	L. Dwight Seymour, M.D.	Greenfield.
Hampden	William Bridgman, M.D.	Springfield.
Hampshire	Benjamin Barrett, M.D.	Northampton.
Middlesex, East	Alonzo Chapin, M.D.	Winchester.
Middlesex, North	John C. Dalton, M.D.	Lowell.
Middlesex, South	Anson Hooker, M.D.	East Cambridge.
Norfolk	Ebenezer Alden, M.D.	Randolph.
Plymouth	Timothy Gordon, M.D.	Plymouth.
Suffolk	Ephraim Buck, M.D.	Boston.
Worcester	William Workman, M.D.	Worcester.

Officers of the District Medical Societies.

Barnstable. — Dr. George Shove, Yarmouthport, *President;* Dr. Franklin Dodge, Harwich, *Vice-President;* Dr. John M. Smith, Barnstable, *Secretary;* Dr. Chauncy M. Hurlburt, South Dennis, *Treasurer.*

Berkshire. — [No returns.]

Bristol, North. — Dr. Thaddeus Phelps, Attleborough, *President;* Dr. Benoni Carpenter, Pawtucket, *Vice-President;* Dr. Chas. Howe, Raynham, *Secretary and Treasurer;* Drs. James B. Dean, Taunton, and John R. Bronson, Attleborough, *Librarians.*

Bristol, South. — Dr. William A. Gordon, New Bedford, *President;* Dr. Robert T. Davis, Fall River, *First Vice-President;* Dr. John Pierce, Edgartown, *Second Vice-President;* Dr. Charles D. Stickney, New Bedford, *Secretary;* Dr. John H. Jennings, New Bedford, *Treasurer and Librarian.*

Essex, North. — Dr. Dean Robinson, West Newbury, *President;* Dr. Benjamin Atkinson, West Amesbury, *Vice-President;* Dr. Martin Root, Byfield, *Secretary and Treasurer;* Dr. Israel N. Smith, Haverhill, *Librarian.*

Essex, South. — Dr. Ebenezer Hunt, North Danvers, *President;* Dr. Augustus Torrey, Beverly, *Vice-President;* Dr. Richard H. Wheatland, Salem, *Treasurer;* Dr. Frederick Winsor, Salem, *Secretary;* Dr. Lincoln R. Stone, Salem, *Librarian.*

Franklin. — Dr. David Bradford, Montague, *President;* Dr. L. Dwight Seymour, Greenfield, *Vice-President;* Dr. Charles M. Duncan, Shelburne, *Secretary, Treasurer, and Librarian.*

Hampden. — Dr. Nathan Adams, Springfield, *President;* Dr. Thaddeus K. DeWolf, Chester, *Vice-President;* Dr. George A. Otis, jun., Springfield, *Secretary, Treasurer, and Librarian.*

Hampshire. — Dr. Seth Fisk, Amherst, *President;* Dr. Franklin Bonney, Hadley, *Vice-President;* Dr. James Thompson, Northampton, *Secretary;* Dr. Artemas Bell, Southampton, *Treasurer.*

Middlesex, East. — Dr. Samuel A. Toothaker, Wilmington, *President;* Dr. Horace P. Wakefield, Reading, *Vice-President;* Dr. William Ingalls, Winchester, *Secretary;* Dr. Benjamin Cutter, Woburn, *Treasurer and Librarian.*

Middlesex, North. — Dr. Hanover Dickey, Lowell, *President;* Dr. John W. Graves, Lowell, *Vice-President;* Dr. Jonathan Brown, Tewksbury, *Secretary;* Dr. Nathaniel B. Edwards, North Chelmsford, *Treasurer and Librarian.*

Middlesex, South. — Dr. Horatio Adams, Waltham, *President;* Dr. Morrill Wyman, Cambridge, *Vice-President;* Dr. Otis E. Hunt, Weston, *Secretary;* Dr. Royal S. Warren, Waltham, *Treasurer.*

Norfolk. — Dr. Henry Bartlett, Roxbury, *President;* Dr. Ebenezer Stone, Walpole, *Vice-President;* Dr. Edward Jarvis, Dorchester, *Secretary*; Dr. Danforth P. Wight, Dedham, *Treasurer;* Dr. Dana W. Hartshorn, Dedham, *Librarian.*

Plymouth. — Dr. Paul L. Nichols, Kingston, *President;* Dr. Winslow Warren, Plymouth, *Vice-President;* Dr. Frederic A. Jewett, Abington, *Secretary and Treasurer;* Dr. Francis Collamore, Pembroke, *Librarian.*

Suffolk. — Dr. Walter Channing, Boston, *President;* Dr. Henry I. Bowditch, Boston, *Vice-President;* Dr. Charles D. Homans, Boston, *Secretary;* Dr. Abraham A. Watson, Boston, *Treasurer;* Dr. William E. Coale, Boston, *Librarian.*

Worcester. — Dr. Joshua J. Johnson, Northborough, *President;* Dr. Alfred Hitchcock, Fitchburg, *Vice-President;* Dr. John E. Hathaway, Worcester, *Secretary;* Dr. Henry Sargent, Worcester, *Treasurer;* Dr. J. Marcus Rice, Worcester, *Librarian.*

Massachusetts Medical Society.

PROCEEDINGS OF THE COUNCILLORS.

October Meeting, 1857.

The Councillors of the Massachusetts Medical Society held a regular stated meeting, October 7, 1857, at 11 A.M., at the Society's Rooms, No. 12 Temple Place.

The following Councillors were present: —

Alden, E.	Cutter, B.	Shurtleff, N. B.	
Alley, J. B.	Gould, A. A.	Storer, D. H.	
Boutelle, T. R.	Homans, J.	Ware, C. E.	
Coale, W. E.	Hunt, E.	Watson, A. A.	
Cotting, B. E.	Perkins, H. C.	Wilde, J.	15

The Vice-President in the Chair.

The records of the last stated meeting were read and approved.

The Chair appointed the following gentlemen to act as Prize Committee for the ensuing year. Drs. C. E. Ware, H. I. Bowditch, O. W. Holmes, W. W. Morland, C. E. Buckingham.

On motion of Dr. Cotting, the Remonstrance of the Board of Censors for Suffolk District, &c., was taken from the table and referred to a special committee of three, with directions to print and distribute it among the Coun-

cillors, and to report on the whole subject at the next stated meeting of the Councillors. [See p. 77.]

The Chair appointed D. H. Storer, Perkins of Newburyport, and Dr. Gould of Boston.

Dr. Boutelle, of Fitchburg, presented the petition of twenty-nine physicians, residing in the northerly part of Worcester county, and the north-westerly part of Middlesex county, praying to be allowed to form a new District Society, to be called the Worcester North District Medical Society.

Voted, "That the Corresponding Secretary be directed to notify the Worcester District Medical Society and the Middlesex North District Medical Society, that said petition has been presented to the Council."

Dr. Cutter, of Woburn, presented the Resolutions of the Middlesex East District Society on the subject of the Registration of diseases.

Voted, "To refer the Resolutions to a Committee of three Fellows."

The Chair appointed Dr. Cutter of Woburn, Dr. Watson of Boston, and Dr. Jarvis of Dorchester.

At 12 o'clock, M., the meeting was dissolved.

JOHN B. ALLEY,
Recording Secretary.

February Meeting, 1858.

A stated meeting of the Councillors of the Massachusetts Medical Society was held at the Society's Hall, No. 12 Temple Place, on Wednesday, February 3d, 1858, at 11 o'clock, A.M.

The following Councillors were present: —

Adams, H.	Dalton, J. C.	Lewis, W.
Alden, E.	Durkee, S.	Palmer, E.
Alley, John B.	Dyer, H.	Phinney, E. O.
Ayer, J.	Fiske, C. P.	Salisbury, S.
Bartlett, H.	Flint, J.	Savory, C. A.
Bigelow, J.	Gordon, C.	Shurtleff, N. B.
Blanchard, A. H.	Gould, A. A.	Spofford, J.
Boutelle, T. R.	Hitchcock, A.	Stone, E.
Braun, J. G.	Holmes, H.	Storer, D. H.
Buck, E.	Homans, J.	Tracy, S.
Childs, H. H.	Hunt, E.	Wakefield, H. P.
Clark, H. G.	Ingalls, W.	Ware, C. E.
Clarke, R. R.	Jackson, J. B. S.	Watson, A. A.
Coale, W. E.	Jarvis, E.	Warren, J. M.
Comstock, W. W.	Jeffries, J.	Warren, R. S.
Cotting, B. E.	King, D.	Ware, J.
Cutter, B.		49

The Vice-President in the chair.

The records of the last stated meeting were read and approved.

The following Standing Committees were appointed: —

Committee on Treasurer's Accounts.

Dr. Silas Durkee, ...	Boston.
" Phineas M. Crane, . . .	East Boston.

Committee on the Library.

Dr. N. B. Shurtleff, ...	Boston.
" E. H. Clarke, ...	Boston.

The Committee on Resignations reported that the following Fellows —

Dr. George Choate, ...	Salem;
" Joshua Green, ...	Groton;
" William Prescott, . . .	Salem;
" Alfred Wood, ...	Dighton;
" Silas Wright, ...	Blandford;

having made application to become Retired Members, and having arrived at the age of sixty, and paid all dues, be allowed to retire.

The recommendation was adopted.

The Corresponding Secretary reported, "that in accordance with the vote passed at the last stated meeting of the Councillors, he had, immediately after the meeting, notified the Middlesex North District Medical Society, and the Worcester District Medical Society, that a petition had been sent to the Councillors for the formation of a new District Society, and had transmitted to the President of each Society, an attested copy of the petition; that the receipt of the documents had been acknowledged, but nothing further had been heard from the Worcester District Medical Society; that the Middlesex North District Medical Society had replied through their Secretary, 'that they had considered the subject and had voted,' 'That although the Society is sorry to diminish its limits or part with any of its members, we think their request reasonable, and therefore make no objection to the petition.'"

Voted, "That the Secretary communicate the above vote to the Corresponding Secretary of the Massachusetts Medical Society."

Upon the reading of this report, Dr. Fiske, of Fiskedale, stated that the Councillors of the Worcester District Medical Society had been instructed by that Society to ask for further time; and upon his motion, the subject was postponed until the next stated meeting.

Dr. J. Bigelow, from the Committee appointed at the Annual Meeting of the Councillors, to examine and report upon any discrepancies, if such exist, in the Acts of the Legislature, relating to the Society, reported, "That the 'Act in addition to the several Acts in relation to the Massachusetts Medical Society,' approved February 18, 1850, rendered any further action unnecessary."

The report was accepted.

The Committee, appointed at the Annual Meeting of the Society, to whom was referred the Resolution offered by

Dr. H. R. Storer, and the "whole subject of the increased frequency of the procuring criminal abortion," with instructions "to report to the Councillors, that they may bring the matter before the Society at the next Annual Meeting," *reported*, "That they do not recommend any application to the Legislature on the subject, believing that the laws of the Commonwealth are already sufficiently stringent, provided that they are executed," and offered the following Resolutions, which, on motion of Dr. Fiske, of Fiskedale, were taken up separately and unanimously adopted.

Resolved, "That the Fellows of the Massachusetts Medical Society regard with disapprobation and abhorrence, all attempts to procure or promote abortion, except in cases where it may be necessary for the preservation of the mother's life."

Resolved, "That when any Fellow of this Society shall become cognizant of any attempt unlawfully to procure abortion, either by persons in the profession or out of it, it shall be the duty of such Fellow immediately to lodge information with some proper legal officer, to the end that such information may lead to the exposure and conviction of the offender."

Resolved, "That no person convicted of an attempt to procure criminal abortion, can, consistently with its By-Laws, any longer remain a Fellow of this Society."

The Committee to whom was referred the communication from the Censors of Suffolk District, "on the subject of the examination of candidates for Fellowship of the Society," reported several amendments to the By-Laws, and also recommended that the Society should apply to the Legislature for such alterations in the "Acts of the Legislature relating to the Society," as would enable the Society to adopt the said amendments.

The report was received, and on motion of Dr. Buck, the same Committee was directed to petition the Legislature for said alterations in the Charter.

Dr. B. Cutter, of Woburn, from the Committee on the Resolutions of the Middlesex East District Medical Society on the subject of the Registration of Diseases, reported in favor of such registration, and moved that the whole subject be referred to a Committee of one Fellow from each District Society.

The report was received, and referred to the following Committee: —

Middlesex East,	Drs. B. Cutter.
" North,	Nathan Allen.
" South,	R. L. Hodgdon.
Suffolk,	H. I. Bowditch.
Norfolk,	Edward Jarvis.
Essex South,	A. Torrey.
" North,	H. C. Perkins.
Worcester,	John G. Metcalf.
" North,	T. R. Boutelle.
Hampshire,	Franklin Bonney.
Hampden,	T. K. De Wolf.
Franklin,	L. D. Seymour.
Berkshire,	H. L. Sabin.
Barnstable,	Benj. F. Seabury.
Bristol North,	Benoni Carpenter.
" South,	Wm. A. Gordon.
Plymouth,	F. A. Jewett.

Voted, "That the vote passed February 4, 1854, relative to the issuing of certificates to Delegates to the American Medical Association, be adopted for the present year."

Dr. Jarvis offered the following Resolution, which was unanimously adopted.

Resolved, "That the Massachusetts Medical Society petition the Legislature of this Commonwealth to amend the law providing for the Registration of Births, Marriages and Deaths, so as to secure more complete returns of these facts to the Secretary of State, and more effectually attain the objects of that law."

Drs. J. G. Metcalf, of Mendon, Jarvis, of Dorchester, and Shurtleff, of Boston, were appointed a Committee for the above purpose.

Dr. Coale offered the following Resolution: —

Resolved, "That the Massachusetts Medical Society deem it dishonorable in its Fellows to append their names in any way recommendatory of secret or quack remedies, and any Fellow so exhibiting his name shall be considered as acting in a manner derogatory to the dignity of a Fellow of this Society."

Dr. Bigelow offered the following amendment: —

"That if any physician or chemist, through inadvertence or misapprehension, shall have been induced to give his recommendation or authority in any way to promote the circulation or sale of any secret or empirical medicine, he shall be expected publicly to disclaim or revoke the same."

The amendment was accepted, and the Resolution, as amended, was unanimously adopted.

On motion of Dr. Cotting, the "Committee on petitioning the Legislature for alterations in the Acts of the Legislature relating to the Society," were authorized to print and distribute the proposed By-Laws, if they deem it expedient.

At 1.30, P.M., the meeting dissolved.

JOHN B. ALLEY,
Recording Secretary.

ANNUAL MEETING, MAY, 1858.

THE Annual Meeting of the Councillors of the Massachusetts Medical Society was held on Tuesday, May 25th, 1858, at 8 o'clock, P.M., at No. 12 Temple Place.

The following Councillors were present: —

Ayer, James	Durkee, S.	Mackie, A.
Alley, John B.	Dyer, H.	Metcalf, J. G.
Barrett, H. A.	Dale, Wm. J.	Nichols, J. D.
Bell, Luther V.	Flint, J.	Otis, G. A.
Bigelow, Jacob	Forsyth, J.	Perkins, H. C.
Bigelow, H. J.	Fiske, C. P.	Perry, M. S.
Brown, J. H.	Fay, C. M.	Palmer, E.
Boutelle, T. R.	Gordon, C.	Storer, D. H.
Bowditch, H. I.	Gordon, W. A.	Salisbury, S.
Breck, Wm. G.	Hunt, E.	Thompson, J.
Bemis, J. W.	Hitchcock, A.	Torrey, A.
Buck Ephraim	Homans, J.	Wakefield, H. P.
Cabot, S.	Holmes, C. C.	Warren, J. M.
Carpenter, E. W.	Jeffries, J.	Ware, C. E.
Crane, P. M.	Jarvis, E.	Ware, J.
Coale, Wm. E.	Jackson, J. B. S.	Watson, A. A.
Comstock, W. W.	King, Dan	Workman, Wm.
Cotting, B. E.	Lamb, Wm. D.	Wright, Eliphalet.

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The President in the chair.

The records of the last meeting were read and approved.

The Recording Secretary read the names of those who had become Fellows of the Society since the last Annual Meeting, and the names of deceased Fellows.

Voted, "On motion of Dr. Coale, that a Committee, consisting of one Fellow from each District Medical Society, be appointed to nominate Officers of the Society for the ensuing year."

The Chair appointed the following gentlemen:—

Barnstable, . . .	Drs. E. W. Carpenter.
Berkshire, . . .	E. Wright.
Bristol North, . . .	Dan King.
Bristol South, . . .	A. Mackie.
Essex North, . . .	H. C. Perkins.
Essex South, . . .	E. Hunt.
Hampden, . . .	G. A. Otis.
Hampshire, . . .	J. Thompson.
Middlesex South, . .	J. W. Bemis.
" East, . .	H. P. Wakefield.
Norfolk, . . .	E. Jarvis.
Suffolk, . . .	J. Ware.
Worcester, . . .	C. M. Fay.

The Annual Report of the Treasurer, the Report of the Auditing Committee, and the list of delinquent Fellows, were severally read by the Secretary, accepted, and ordered to be placed on file.

The President read a letter from the Secretary of the Franklin District Medical Society, communicating a vote of that Society, inviting the Councillors to appoint Greenfield as the place for holding the next Annual Meeting of the Society.

Voted, "To accept the invitation, and that the next Annual Meeting of the Society be held in Greenfield, on Wednesday, the 16th of June, 1859."

The Committee appointed to nominate a list of Officers of the Society for the ensuing year, reported the following candidates.

Dr. Luther V. Bell, Charlestown, . .	*President.*
Thomas R. Boutelle, Fitchburg, .	*Vice President.*
Benjamin E. Cotting, Roxbury, . .	*Cor. Secretary.*
John B. Alley, Boston, ...	*Rec. Secretary.*
William E. Coale, Boston, . . .	*Librarian.*
Augustus A. Gould, Boston, . .	*Treasurer.*

The Chair appointed Drs. Coale, Ayer and Otis, a Committee to collect, sort and count the votes. The Committee subsequently reported, that the gentlemen nominated by the Committee were unanimously elected.

Voted, "That the Committee on the nomination of Officers, be requested to nominate an Anniversary Chairman, an Orator, and a Committee of Arrangements, for the next Annual Meeting."

The Report of the Committee on Resignations was read by the Secretary, accepted, and the following gentlemen allowed to become retired fellows:—

Dr. William B. Gooch, . . .	Truro.
Timothy Gordon, . . .	Plymouth.
Alfred Swift, ...	South Dennis.
Warren Winslow, . . .	Plymouth.

The Report of the Committee on the Library was read, accepted, and ordered to be placed on file.

The Chair appointed the following Standing Committees.

Committee on Publications.

Drs. C. G. Putnam, C. Gordon, and W. W. Morland.

Committee on Resignations.

Drs. A. A. Gould, D. H. Storer, and N. B. Shurtleff.

Committee on Finance.

Drs. S. D. Townsend, C. P. Fiske, and J. Hayes.

Voted, On motion of Dr. J. Bigelow, "to reconsider the vote, accepting the invitation of the Franklin District Medical Society, and appointing Greenfield as the place for holding the next Annual Meeting."

After an animated discussion,

Voted, "That the next Annual Meeting of the Society be held in Boston."

Voted, "That the Secretary be requested to communicate the thanks of the Councillors to the Fellows of the Franklin District Medical Society for their kind and courteous invitation."

The Committee on Nominations reported the following candidates.

Anniversary Chairman.

Dr. Henry L. Sabin, . . . Williamstown.

Orator.

Dr. Timothy Childs, . . . Pittsfield.

Committee of Arrangements.

Drs. Wm. E. Coale, Samuel Cabot,
Francis Minot, Charles E. Buckingham,
Algernon Coolidge.

Dr. Storer, from the Committee on petitioning the Legislature for an alteration of the Charter, reported,

that the Committee were unable to apply to the last Legislature, on account of the law obliging all incorporated Societies to give public notice prior to the meeting of the Legislature, and requested further time, which was granted.

Dr. Bowditch, from the Committee on the Registration of Diseases, reported the following resolutions, which were unanimously adopted.

Resolved, "That the plan of Registration of Zymotic Diseases, devised and carried out by the Middlesex East District Medical Society, be adopted for the whole State, and the Secretary is hereby directed to print the requisite blanks, which shall be distributed with the Proceedings of the Society."

Resolved, "That the returns of Zymotic diseases be made by each Fellow to the Secretary of the several District Societies, annually, in the month of January, for the year preceding."

Resolved, "That the Secretary of the District Society, or some Committee or Member appointed for this purpose, condense and digest these individual reports into one, for the District, and transmit this to the Secretary of the State Society on or before the first of April, annually."

Resolved, "That the Secretary of the State Society, or some other member appointed for the purpose, digest and condense these District Reports into one Report for the State, which shall be printed with the Annual Transactions."

The petition of Alvah Godding and twenty-nine others, Fellows of the Massachusetts Medical Society, praying that a new District Medical Society might be formed, to consist of the following towns,—Royalston, Winchendon, Ashburnham, Athol, Phillipston, Templeton, Gardner, Westminster, Fitchburg, Lunenburg, Leominster and Petersham, in the County of Worcester; and Ashby, Townsend, Shirley, in the County of Middlesex, to be called the Worcester North District Medical Society, was granted.

Dr. Fiske, of Fiskedale, moved that a Committee of five be appointed to consider whether any alterations in the By-laws are requisite.

The Chair appointed Dr. Fiske, Dr. John Jeffries of Boston, Dr. M. Wyman of Cambridge, Dr. Benjamin E. Cotting of Roxbury, and Dr. James Ayer of Boston.

The Corresponding Secretary announced to the Councillors, that no Essays had been received for the Prize which was offered at the last Annual Meeting, and that it was the wish of the gentleman, who liberally offered the Prize, that it should be continued another year.

Voted, "That the same Committee be re-appointed for the ensuing year."

A letter was read from Dr. John Homans, inviting the Councillors to a social entertainment at his house, immediately after adjournment, which was unanimously accepted.

The Corresponding Secretary read a communication from the Indiana State Medical Society, on the subject of an interchange of published transactions of State Medical Societies, and moved its reference to the Committee on Publications. Adopted.

The meeting was dissolved.

JOHN B. ALLEY,
Recording Secretary.

Dr. Massachusetts Medical Society in Account with Augustus A. Gould, Treasurer. Cr.

Districts: Barnstable,	Cash	$97.00	
Bristol North,	"	57.00	
Bristol South,	"	132.00	
Essex South,	"	60.00	
Franklin,	"	. .	
Hampshire,	"	33.00	
Hampden,	"	33.00	
Middlesex East,	"	39.00	
Suffolk,	"	291.00	
			742.00
Sundries collected by Treasurer		616.00	
Collected at Annual Meeting		171.00	
			787.00
Interest on the Permanent Fund			618.92
Rents and care of Room. Suffolk District Society		135.37	
Medical Improvement Society		261.00	
Medical Observation Society		43.00	
College of Pharmacy		110.50	
			549.87
Taxes: Medical Improvement Society			24.12
Notes Receivable: E E. Denniston			39.00
Notes Payable: Merchant's Bank		900.00	
Suffolk District Society		24.63	
			924.63
Printing: refunded by Dr. Hooker			19.00
Balance due Treasurer			386.69
			$4091.23

E. E.

AUGUSTUS A. GOULD, Treas'r.

Balance due Treasurer			$93.77
Annual Dinner			626.25
Annual Publication			277.66
Braithwaite's Retrospect			880 00
Distribution of Publications			100.00
Refunded to Districts: Barnstable		32.25	
Berkshire		6.25	
Bristol North		36.75	
Bristol South		33.00	
Essex South		25.50	
Franklin		10.00	
Hampden		11.25	
Hampshire		10.50	
Middlesex East		12.00	
Suffolk		184.00	
			361.50
Commissions, for Collector		19.82	
District Treasurers		23.78	
			43.60
Advertising			18.20
Censors' Fees			18.00
Rent			500.00
Taxes			81.34
Prize Essay			100.00
Notes Payable: J. Wilson		100.00	
Merchants Bank		500.00	
Interest and Discount		21.01	
			621.01
Incidentals: Postage		8.15	
Janitor		54.00	
Sundry Freights, &c.		4.75	
			66.90
Refunded J. S. H. Fogg (over-paid)			3.00
Treasurer's Salary			300.00
			$4091.23

PROCEEDINGS OF THE SOCIETY.

ANNUAL MEETING.

May 26, 1858.

The Annual Meeting of the Massachusetts Medical Society was held in the Hall of the Lowell Institute, on Wednesday, May 26th, 1858, at 10 o'clock, A. M.; the President in the Chair.

The Recording Secretary read the Records of the last meeting, the names of those who had become Fellows of the Society since the last Annual Meeting, and the names of deceased Fellows:—

Fellows admitted during the year.

Aten, Henry F.	Dedham.
Barrett, Wm. M.	Ashland.
Bement, John W.	Shelburne Falls.
Brewster, John M., Jr.	Pittsfield.
Campbell, Benjamin	East Boston.
Chamberlain, E. W.	Millbury.
Chase, John B.	Taunton.
Chase, Preston M.	Danvers.
Cheever, David W.	Boston.
Coggswell, George B.	Bridgewater.
Eaton, Lebbeus	Marsh Grenly.
Ferguson, Hugh	So. Boston.

Fifield, William C. B.	Weymouth.	
Harris, J. C.	W. Cambridge.	
Hayward, John McLean	Boston.	
Head, George E. Jr.	Boston.	
Holmes, H. M.	South Adams.	
Hutchins, John W.	Newton.	
Jeffries, B. Joy	Boston.	
Lyons, Charles T.	Coleraine.	
Orcutt, Almon M.	Hardwick.	
Pike, Horace G.	Boston.	
Porter, R. N.	Deerfield.	
Prentiss, Henry C.	Northampton.	
Ruppaner, Antoine	Boston.	
Robinson, Albert B.	Holden.	
Rockwood, Henry	W. Medway.	
Sargent, George W.	Lawrence.	
Sinclair, Alex. D.	Boston.	
Smith, Jerome C.	Somerville.	
Spring, Charles H.	Greenfield.	
Strickland, Rial	E. Longmeadow.	
Taylor, John D.	Boston.	
Thorndike, William	Beverly.	
Underwood, George L.	Boston.	
Walsh, Peter D.	"	
Windship, George B.	Roxbury.	36

Fellows deceased during the Year.

Name.	Residence.	Admitted.	Died.	Age.
William Blanding	Rehoboth	1850	1857	85
Oliver H. Blood	Worcester	1839	1858	57
Chauncy Booth	Somerville	1849	1857	41
Charles F. Chaplin	Cambridgeport	1834	1857	57
Daniel Collins	Williamsburg	1812	1857	77
George Asa Hoyt	Framingham	1851	1857	32
Ebenezer Knight	Brimfield	1855	1857	68
J. Randolph Lincoln	Boston	1852	1857	28
Thomas Lynch	S. Boston	1857	1857	25
Joel Lyon	Gill	1817	1857	75
Peter Mackie	Wareham	1822	1858	73
Benjamin Pond	Westboro'	1818	1857	68
Henry Sargent	Worcester	1851	1858	36
Ebenezer Stevens	Ogdensburg	1841	1858	58
A. Everett Stetson	Dorchester	1855	1857	32
Henry Whiting	Lowell	1852	1857	35
Wm. C. Whitridge	New Bedford	1822	1857	74
Benjamin Whitwell	Hanover	1853	1857	40
Silas P. Wright	Blandford	1841	1858	62
Thomas Wilbur	Fall River	1841	1857	58

An abstract of the Treasurer's Account and the Report of the Auditing Committee were read by the Secretary.

"The Treasurer regrets being obliged to report a deficiency in the Treasury. This is in a great measure owing to the meeting of the Society away from Boston. Only $171 were received at New Bedford, while upwards of $1000 are usually received at Boston. There has also been very great disregard to the calls of the Treasurer throughout the State. Of 245 letters sent soliciting payment, only 55 were responded to. In several cases of long standing delinquency, resort has been had to legal measures, and settlement obtained without trial.

"The actual state of liabilities, May 1, is as follows: —

Bills actually due,	$148.13	
Notes payable,	1,100.00	$1,635.02
Balance due Treasurer,	386.89	

"During the month of May there will probably be received enough to reduce the amount to $1200—which is but little above the sum due June 1, 1858; and the amount likely to be received at the Annual Meeting will nearly cover the debt. The Society has also come into the enjoyment of the Shattuck legacy, amounting to $9,166.87—the income from which will contribute largely towards meeting the expenses of publication to which it is especially designated. The whole amount of policies now held from the Massachusetts General Hospital Life Insurance Co. is $20,420.17, yielding interest at 5 per cent."

The Committee on Scientific Communications reported that the following papers had been prepared for this meeting of the Society, and would be read: viz., Dr. Wm. Ingalls on Veratrum Viride. Dr. E. Cutter on Zymotic Diseases of Middlesex East District, 1857. Dr. E. Cutter on Dr. N. R. Smith's Anterior Splint for the Thigh and a modification of Desault's Splint.

Dr. Ingalls read a paper on Veratrum Viride, exhibited several specimens of the plant, and presented a quantity of the tincture for gratuitous distribution among the Fellows.

Voted, "That the thanks of the Society be presented to the Middlesex East District Medical Society for their generous donation to the Fellows."

Dr. Bowditch offered the following resolution, which was unanimously adopted.

Resolved, "That whenever a Fellow presents to the Society what he claims to be original views on any subject connected with any department of medical science, the Chair shall, if the writer requests it, appoint a Committee to consider and report thereon at a subsequent meeting."

Voted, On motion of Dr. John Ware, "that the Committee on Registration of Diseases, appointed by the Councillors in February, 1858, be continued during the ensuing year."

The Chair appointed Drs. J. G. Metcalf, Geo. Choate and H. I. Bowditch, the Committee on Scientific Communications for the ensuing year.

At 1 o'clock, precisely, the Annual Address was read by Dr. Horatio Adams, of Waltham.

Upon the motion of Dr. H. H. Childs, of Pittsfield, the thanks of the Society were presented to Dr. Adams for his able, ingenious and instructive address.

At 2½ o'clock, P. M., the Fellows of the Society, to the number of four or five hundred, were formed in procession under the direction of Dr. William E. Coale as Chief Marshal, and proceeded to Faneuil Hall, where they dined in company with their invited guests.

JOHN B. ALLEY,

Recording Secretary.

Officers of the Massachusetts Medical Society.

1858–59.

LUTHER V. BELL, ... Charlestown, . . PRESIDENT.
THOMAS R. BOUTELLE, Fitchburg, . . . VICE-PRESIDENT.
BENJAMIN E. COTTING, Roxbury, . . . COR. SECRETARY.
JOHN B. ALLEY, ... Boston, ... REC. SECRETARY.
WILLIAM E. COALE, . . Boston, ... LIBRARIAN.
AUGUSTUS A. GOULD, . Boston, ... TREASURER.

Ex-officiis Vice-Presidents.

[Arranged according to Seniority.]

HENRY H. CHILDS.
DEAN ROBINSON.
WILLIAM PARKHURST.
PAUL L. NICHOLS.
EBENEZER HUNT.
HENRY BARTLETT.
AUGUSTUS A. GOULD.
JOHN W. GRAVES.
WILLIAM A. GORDON.
WILLIAM INGALLS.
MORRILL WYMAN.
ALFRED HITCHCOCK.
FRANKLIN DODGE.
SETH FISK.
NATHAN ADAMS.
BENONI CARPENTER.
DAVID BRADFORD.

Councillors.

BARNSTABLE. — Drs. Samuel H. Gould, Brewster; Elijah W. Carpenter, Chatham; Jonathan Leonard, Sandwich; Chauncy M. Hurlburt, South Dennis.

Berkshire. — Drs. Henry H. Childs, Pittsfield; Eliphalet Wright, Lee; William H. Parks, Great Barrington; N. S. Babbitt, North Adams; Selden Jennings, Richmond.

Bristol North. — Drs. Joseph D. Nichols, Taunton; Johnson Gardner, Pawtucket; Dan King, Taunton.

Bristol South. — Drs. Andrew Mackie and William A. Gordon, New Bedford; Foster Hooper, Fall River; John Pierce, Edgartown; William W. Comstock, Middleborough.

Essex North. — Drs. William D. Lamb, Lawrence: Jeremiah Spofford, Groveland; Henry C. Perkins, Newburyport; Stephen Tracy, Andover; Kendall Flint, Haverhill.

Essex South. — Drs. Ebenezer Hunt, Danvers; Benjamin Cox, Jr., Salem; Augustus Torrey, Beverly; William Williams, Salem; Benjamin Haskell, Rockport; J. M. Nye, Lynn.

Franklin. — Drs. James Deane, Greenfield; Nathaniel G. Trow, Sunderland; Chenery Puffer, Shelburne Falls; Humphrey Gould, Rowe.

Hampden. — Drs. Alfred Lambert, George A. Otis, and William G. Buck, Springfield; Bryant Clark, Holyoke.

Hampshire. — James Thompson, Northampton; Seth Fisk, Amherst; Horatio Thompson, Belchertown; Samuel A. Fisk, Northampton.

Middlesex East. — Drs. Benjamin Cutter, Woburn; Erastus O. Phinney, Melrose; William Ingalls, Winchester; Horace P. Wakefield, Reading.

Middlesex North. — Drs. John C. Dalton, Charles A. Savory, John W. Graves, Jeremiah P. Jewett, Hanover Dickey, Luther B. Morse, Joel Spaulding, Lowell; Nehemiah Cutter, Pepperell; Darius A. Dow, Westford.

Middlesex South. — Drs. J. Henry Brown, West Newton; Henry A. Barrett, Concord; LUTHER V. BELL, *President*, Charlestown; Jefferson Pratt, Hopkinton; Howland Holmes, Lexington; Royal S. Warren, Waltham; Albert H. Blanchard, Sherborn; Allston W. Whitney, Framingham; Edward Warren, Newton Lower Falls; J. W. Bemis, Charlestown; R. L. Hodgdon, West Cambridge; C. H. Allen, Cambridgeport; George I. Townsend, South Natick.

Norfolk. — Drs. Ebenezer Stone, Walpole; Edward Jarvis, Dorchester; Henry Bartlett, Roxbury; A. Le B. Monroe, Medway; Benjamin E. Cotting, Roxbury, *Cor. Secretary;* Stephen Salisbury, Brookline; Christopher C. Holmes, Milton; Joseph G. S. Hitchcock, Foxboro'; Josiah Noyes, Needham.

Plymouth. — Drs. James Wilde, Duxbury; Calvin B. Pratt, Bridgewater.

Suffolk. — Drs. Jacob Bigelow; George Hayward; Ephraim Buck; John Ware; John Homans; John Jeffries; Winslow Lewis; D. Humphreys Storer; John Flint; Charles G. Putnam; Henry Dyer; Abraham A. Watson; Augustus A. Gould, *Treasurer;* William J. Dale; Ezra Palmer, Jr.; George Bartlett; Marshall S. Perry; John B. S. Jackson; Nathaniel B. Shurtleff; Charles Gordon; Henry G. Clark; Henry I. Bowditch; J. Mason Warren; James B. Forsyth, Chelsea; Charles E. Ware; Phineas M. Crane, East Boston; Samuel Cabot, Jr.; James Ayer; Silas Durkee; William E. Coale, *Librarian;* Henry J. Bigelow; John B. Alley, *Recording Secretary.*

Worcester. — Drs. Benjamin F. Heywood, William Workman, Worcester; Thomas R. Boutelle, *Vice-President,* Fitchburg; Calvin P. Fiske, Fiskedale; Alfred Hitchcock, Fitchburg; Charles M. Fay, Charlton; Rowse R. Clarke, Whitinsville; John G. Metcalf, Mendon; Moses D. Southwick, Blackstone.

Censors.

Barnstable. — Drs. John M. Smith, Barnstable; Franklin Dodge, Harwich; George W. Doane, Hyannis; John Harpur, Sandwich; John Bachelder, Monument.

Berkshire. — Drs. William Sabine, Lenox; C. C. Holcomb, Lee; L. S. Adams, Stockbridge.

Bristol North. — Drs. Thomas G. Nichols, Freetown; Johnson Gardner, Pawtucket; Charles Howe, Raynham.

Bristol South. — Drs. Charles D. Stickney and John H. Mackie, New Bedford; George Atwood, Fairhaven; William E. Sparrow, Mattapoisett; Jerome Dwelley, Fall River.

Essex North. — Drs. Walter H. Kimball, Andover; George W. Garland, Lawrence; Henry C. Perkins, Newburyport; Jeremiah Spofford, Groveland; Israel N. Smith, Haverhill.

Essex South. — Drs. Henry Wheatland, George A. Perkins and William Williams, Salem.

Franklin. — Drs. Lucius Cook, Erving; Josiah Trow, Buckland; Elijah Stratton, Northfield.

Hampden. — Drs. Nathaniel Downes, West Springfield; Henry R. Vaille, Springfield; P. Le Breton Stickney, Chicopee.

Hampshire. — Drs. Artemas Bell, Southampton; James Dunlap and Cyrus N. Chamberlain, Northampton.

Middlesex East. — Drs. Horace P. Wakefield, Reading; Alonzo Chapin, Winchester; Ephraim Cutter, Woburn.

Middlesex North. — Drs. Nathan Allen, Hanover Dickey, Elisha Huntington, and D. Parker Gage, Lowell; Jeremiah Blake, Dracut.

Middlesex South. — Drs. Morrill Wyman, Cambridge; Moses Clark, East Cambridge; Horatio Adams, Waltham.

Norfolk. — Drs. Simeon Tucker, Stoughton; Erasmus D. Miller, Dorchester; John S. Flint and Benjamin Mann, Roxbury; Ebenezer P. Burgess, Dedham.

Plymouth. — Drs. Josiah S. Hammond, Plympton; Timothy Gordon, Plymouth; Samuel A. Orr, East Bridgewater.

Suffolk. — Drs. William W. Morland, Henry W. Williams, William E. Coale, Charles E. Ware, and Francis Minot, Boston.

Worcester. — Drs. Joseph Sargent, Thomas H. Gage, Rufus Woodward, and Henry Clarke, Worcester; James W. Robbins, Uxbridge.

Worcester North. — Drs. Alfred Hitchcock, Fitchburg; Isaac P. Willis, South Royalston; Clinton Warner, Westminster; Alfred Miller, Ashburnham; Jonathan A. White, Baldwinsville.

Commissioners of Trials.

Barnstable . . .	George Shove, M.D. . . .	Yarmouth Port.
Berkshire	Henry H. Childs, M.D. .	Pittsfield.
Bristol North . .	Dan King, M.D.	Taunton.
Bristol South . .	Foster Hooper, M.D. . .	Fall River.
Essex North . . .	Jeremiah Spofford, M.D. .	Groveland.
Essex South . . .	George Choate, M.D. . . .	Salem.
Franklin	Chenery Puffer, M.D. . .	Shelb'ne Falls.

Hampden	William Bridgman, M.D. .	Springfield.
Hampshire	Horatio Thompson, M.D. .	Belchertown.
Middlesex East .	Alonzo Chapin, M.D. . .	Winchester.
Middlesex North	John C. Dalton, M.D. . .	Lowell.
Middlesex South	Anson Hooker, M.D. . . .	East Cambridge.
Norfolk	Ebenezer Alden, M.D. . .	Randolph.
Plymouth	Timothy Gordon, M.D. . .	Plymouth.
Suffolk	Ephraim Buck, M.D. . . .	Boston.
Worcester	William Workman, M.D. .	Worcester.
Worcester North	Alvah Godding, M.D. . .	Winchendon.

Officers of the District Medical Societies.

Barnstable. — Dr. Franklin Dodge, Harwich, *President;* Dr. George W. Doane, Hyannis, *Vice-President;* Dr. John Bachelder, Monument, *Secretary;* Dr. John M. Smith, Barnstable, *Treasurer and Librarian.*

Berkshire. — Dr. Henry H. Childs, Pittsfield, *President;* Dr. Nathan S. Babbitt, North Adams, *Vice-President;* Dr. J. B. Whiting, Lee, *Secretary;* Dr. Oliver E. Brewster, Lee, *Treasurer.*

Bristol North. — Dr. Benoni Carpenter, Attleboro', *President;* Dr. Dan King, Taunton, *Vice-President;* Dr. Charles Howe, Raynham, *Secretary and Treasurer;* Drs. John B. Chase, Taunton, and John R. Bronson, Attleboro', *Librarians.*

Bristol South. — Dr. William A. Gordon, New Bedford, *President;* Dr. Robert T. Davis, Fall River, *Vice-President;* Dr. Charles D. Stickney, New Bedford, *Secretary;* Dr. John H. Jennings, New Bedford, *Treasurer and Librarian.*

Essex North. — Dr. Dean Robinson, West Newbury, *President;* Dr. Benjamin Atkinson, West Amesbury, *Vice-President;* Dr. Martin Root, Byfield, *Secretary and Treasurer;* Dr. Israel N. Smith, Haverhill, *Librarian.*

Essex South. — Dr. Ebenezer Hunt, North Danvers, *President;* Dr. Augustus Torrey, Beverly, *Vice-President;* Dr. Richard H. Wheatland, Salem, *Treasurer;* Dr. Frederick Winsor, Salem, *Secretary;* Dr. Lincoln R. Stone, Salem, *Librarian.*

Franklin. — Dr. David Bradford, Montague, *President;* Dr. L. Dwight Seymour, Greenfield, *Vice-President;* Dr. Charles M. Duncan, Shelburne, *Secretary, Treasurer and Librarian.*

Hampden. — Dr. Nathan Adams, Springfield, *President;* Dr. Thomas L. Chapman, Longmeadow, *Vice-President;* Dr. George A. Otis, Springfield, *Secretary, Treasurer and Librarian.*

Hampshire. — Dr. Seth Fisk, Amherst, *President;* Dr. Franklin Bonney, Hadley, *Vice-President;* Dr. James Thompson, Northampton, *Secretary;* Dr. Artemas Bell, Southampton, *Treasurer.*

Middlesex East. — Dr. William Ingalls, Winchester, *President;* Dr. S. Watson Drew, Woburn, *Vice-President;* Dr. Ephraim Cutter, Woburn, *Secretary;* Dr. Benjamin Cutter, Woburn, *Treasurer and Librarian.*

Middlesex North. — Dr. John W. Graves, Lowell, *President;* Dr. Charles A. Savory, Lowell, *Vice-President;* Dr. Jonathan Brown, Tewksbury, *Secretary;* Dr. Nathaniel B. Edwards, North Chelmsford, *Treasurer and Librarian.*

Middlesex South. — Dr. Morrill Wyman, Cambridge, *President;* Dr. Simon Whitney, Framingham, *Vice-President;* Dr. Otis E. Hunt, Weston, *Secretary;* Dr. Royal S. Warren, Waltham, *Treasurer.*

Norfolk. — Dr. Henry Bartlett, Roxbury, *President;* Dr. Ebenezer Stone, Walpole, *Vice-President;* Dr. Edward Jarvis, Dorchester, *Secretary;* Dr. Danforth P. Wight, Dedham, *Treasurer;* Dr. David S. Fogg, South Dedham, *Librarian.*

Plymouth. — Dr. Paul L. Nichols, Kingston, *President;* Dr. Winslow Warren, Plymouth, *Vice-President;* Dr. Henry N. Jones, Kingston, *Secretary and Treasurer;* Dr. Francis Collamore, Pembroke, *Librarian.*

Suffolk. — Dr. Augustus A. Gould, Boston, *President;* Dr. Charles G. Putnam, Boston, *Vice-President;* Dr. Charles D. Homans, Boston, *Secretary;* Dr. Abraham A. Watson, Boston, *Treasurer;* Dr. Richard M. Hodges, Boston, *Librarian.*

Worcester. — Dr. Alfred Hitchcock, Fitchburg, *President;* Dr. Calvin P. Fiske, Fiskedale, *Vice-President;* Dr. Thomas H. Gage, Worcester, *Secretary;* Dr. J. Marcus Rice, Worcester, *Treasurer and Librarian.*

Worcester North. — Dr. William Parkhurst, Petersham, *President;* Dr. Jonas A. Marshall, Fitchburg, *Vice-President;* Dr. Thomas R. Boutelle, Fitchburg, *Treasurer;* Dr. James P. C. Cummings, Fitchburg, *Secretary;* Dr. James R. Wellman, Fitchburg, *Librarian.*

LIST

OF THOSE WHO HAVE BECOME MEMBERS SINCE THE PRINTING OF THE CATALOGUE IN 1854.

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1855	Abbot, Ezra	Canton			
1855	Adams, Zabdiel B.	Boston			
1858	Aten, Henry F.	Dedham			
1855	Barnes, John	Milford			
1856	Barnes, Norman S.	Pittsfield			
1858	Barrett, William M.	Ashland			
1855	Bartlett, Ezra	Exeter, N. H.			
1856	Beals, H. H.	Pittsfield			
1858	Bement, John W.	Shelburne Falls			
1857	Bemis, Merrick	Worcester			
1855	Bemis, Nathaniel O.	Hubbardston			
1855	Blake, John E.	Boston			
1855	Brackett, Wm. T. S.	Edgartown			
1858	Brewster, John M., Jr.	Pittsfield			
1856	Briggs, Charles E.	Boston			
1857	Brink, Edwin	Pittsfield			
1855	Brown, J. Henry	West Newton			
1857	Brown, Orlando	Wrentham			
1855	Burgess, G. M.	Blackstone			
1856	Bushnell, William	Boston			
1858	Campbell, Benjamin	East Boston			
1858	Chamberlain, E. W.	Millbury			
1856	Chase, Irah E.	Haverhill			
1858	Chase, John B.	Taunton			
1858	Chase, Preston M.	Danvers			
1858	Cheever, David W.	Boston			
1855	Clark, Henry	Worcester			
1858	Coggswell, George B.	Bridgewater			
1855	Collins, Clarkson T.	Great Barrington			
1855	Cooke, McLaurin F.	Boston			
1856	Coolidge, James	Orange			
1857	Cowdray, Harris	Acton			
1856	Cowles, H.	Saxonville			
1856	Crowell, John, Jr.	Haverhill			
1857	Crozier, Arthur T.	Maysville, Ark.			
1856	Cutter, Ephraim	Woburn			
1857	Drew, David F.	Woburn			
1856	Duncan, Chauncy L.	Shelburne Falls			
1855	Durgin, Elijah S.	Boston			
1858	Eaton, Lebbeus	Marsh Grenly			
1855	Fabyan, George	Boston			
1858	Ferguson, Hugh	So. Boston			
1858	Fifield, William C. B.	Weymouth			
1855	Fiske, Daniel S.	Brookfield			
1855	Flagg, Samuel B.	Boston			
1856	Forbes, Joseph B.	Hanover			
1856	Forsaith, Francis F.	South Abington			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1857	Foster, James M.	Springfield			
1856	Gage, Daniel Parker	Lowell			
1856	Gale, George F.	Petersham			
1857	Galloup, John S.	Medfield			
1856	Greene, Samuel A.	Boston			
1858	Harris, J. C.	West Cambridge			
1856	Hatch, Horace	Brookline			
1855	Haven, S. F., Jr.*	Worcester			
1858	Hayward, John McLean	Boston			
1857	Hayward, Nathan, Jr.	Roxbury			
1858	Head, George E., Jr.	Boston			
1855	Henderson, Jophanus	Somerville			
1856	Hill, Edward L.	Williamsburg			
1856	*Hill, James S.	Sacramento, Cal.		1857	32
1855	Holcomb, Clifford C.	Lee			
1855	Holman, Silas A.	Boston			
1858	Holmes, H. M.	So. Adams			
1855	Hooker, Anson P.	East Cambridge			
1856	Hosmer, Alfred	Watertown			
1856	How, James C.	Haverhill			
1857	Howe, George M.	Harvard			
1856	Hurd, Yorick C.	Amesbury			
1858	Hutchins, John W.	Newton			
1856	Hyde, George S.	Boston			
1857	Jaynes, Henry	Chelsea			
1858	Jeffries, B. Joy	Boston			
1854	Jenks, Thomas L.	Boston			
1856	Jewett, Charles C.	Holliston			
1856	Jones, D. Wayland	Medfield			
1855	Keep, Samuel H.	Boston			
1855	Kendall, Albert A.	Newton L. Falls			
1855	*Knight, Ebenezer	Brimfield		1857	
1856	Kob, Charles F.	Boston			
1856	Lamson, John A.	Boston			
1857	Lane, William W.	Charlestown			
1856	Leach, William	Holmes' Hole			
1855	Lincoln, F. M.	Boston			
1856	*Lynch, Thomas	So. Boston		1857	25
1855	Lynde, James P.	Athol			
1858	Lyons, Charles P.	Coleraine			
1855	Mason, William	Charlestown			
1856	McCollister, J. Q. D.	Groton Junction			
1855	McLean, A. S.	Springfield			
1854	Morse, James R.	North Cambridge			
1856	Neilson, W.	Manchester, N. H.			
1856	Nichols, George K.	Sandisfield			
1855	Nichols, Jonathan	Harvard			
1857	Nihill, John	South Boston			
1857	Niles, John N.	Boston			
1855	Oliver, H. K.	Boston			
1858	Orcutt, Almon M.	Hardwick			
1856	Osgood, William	Boston			
1855	Page, Calvin G.	Boston			
1856	Partridge, Louis E.	Natick			
1855	*Perkins, John G.	Great Barrington		1856	
1858	Pike, Horace G.	Boston			
1857	Porter, Albert	Charlton Depot			

Admitted.	Names.	Residence.	Retired.	Died.	Age.
1858	Porter, R. N.	Deerfield			
1858	Prentiss, Henry C.	Northampton			
1857	Ranney, Mark	Somerville			
1855	Rice, I. Marcus	Worcester			
1855	Richardson, Horace	Boston			
1856	Richardson, John H.	Chesterfield			
1858	Robinson, Albert B.	Holden			
1858	Rockwood, Henry	West Medway			
1855	Rogers, Seth	Worcester			
1856	Rublee, C. M.	Montpelier, Vt.			
1858	Ruppaner, Antoine	Boston			
1858	Sargent, George W.	Lawrence			
1857	Sargent, Lucius M., Jr.	Boston			
1856	Sawyer, Frederick A.	Sterling			
1856	Simmons, Gustavus L.	Hingham			
1858	Sinclair, Alexander D.	Boston			
1856	Smith, Abner M.	Pittsfield			
1855	Smith, Albert D.	Holden			
1858	Smith, Jerome C.	Somerville			
1858	Soule, Horatio S.	E. Boston			
1856	Spring, Charles H.	Greenfield			
1856	Spring, John	Dublin, Ireland			
1855	Stedman, Charles E.	Dorchester			
1856	*Stetson, A. Everett	Dorchester		1857	32
1858	Strickland, Rial	E. Longmeadow			
1857	Stuart, Absalom B.	Westhampton			
1858	Taylor, John D.	Boston			
1857	Temple, Theron	Belchertown			
1857	Thompson, Austin W.	Northampton			
1858	Thorndike, William	Beverly			
1857	Tinker, Martin A.	Burnt Hills, N.Y.			
1857	Tjader, Antoun W.	Boston			
1857	Tracy, Stephen	Andover			
1855	Trow, Nathaniel G.	Sunderland			
1855	Tucker, George G.	Boston			
1855	Tyler, Warren	N. Brookfield			
1858	Underwood, George L.	Boston			
1855	Wakefield, Adoniram J.	Hopkinton			
1856	Wakefield, Jonas F.	S. Malden			
1855	Walker, Clement A.	S. Boston			
1855	Walsh, I. D.	Boston			
1858	Walsh, Peter D.	Boston			
1856	Ware, Robert	Boston			
1856	Weeks, Charles M.	Boston			
1856	Wellman, James R.	Fitchburg			
1855	Wheatland, Richard H.	Salem			
1857	White, James C.	Boston			
1856	Whittemore, Henry H. F.	Marblehead			
1858	Windship, Geo. B.	Roxbury			
1855	Winsor, Frederic	Salem			
1856	Wood, Franklin A.	Lunenburg			
1855	Wood, James A.	Boston			
1855	Woodbury, Elwell	Medford			
1855	Woodward, Rufus	Worcester			
1855	Yale, John	Ware			

Gentlemen will please notify the Recording Secretary of any errors or omissions.

PROCEEDINGS OF THE COUNCILLORS.

October Meeting, 1858.

The Councillors of the Massachusetts Medical Society held a Stated Meeting, October 6, 1858, at 11, A.M., at the Society's Rooms, No. 12 Temple Place, Boston.

The Vice-President in the Chair.

The following Councillors were present:—

Bristol South.
W. W. Comstock.

Essex North.
W. D. Lamb,
J. Spofford,
S. Tracy.

Essex South.
E. Hunt.

Middlesex North.
J. C. Dalton,
J. W. Graves,
J. P. Jewett,
C. A. Savory.

Middlesex East.
B. Cutter,
W. Ingalls,
H. P. Wakefield.

Middlesex South.
C. H. Allen,
J. W. Bemis,
R. L. Hodgdon,
H. Holmes,
J. Pratt,
G. I. Townsend,
R. S. Warren,
A. W. Whitney.

Norfolk.
H. Bartlett,
B. E. Cotting,
J. G. S. Hitchcock,
C. C. Holmes,
E. Jarvis,
E. Stone.

Suffolk.
J. Ayer,
J. B. Alley,
G. Bartlett,
H. J. Bigelow,
J. Bigelow,
E. Buck,
S. Cabot, Jr.
W. E. Coale,
P. M. Crane,
W. J. Dale,
S. Durkee,
H. Dyer,
J. Flint,
J. B. Forsyth,
C. Gordon,
A. A. Gould,
J. B. S. Jackson,
J. Jeffries,
C. G. Putnam,
D. H. Storer,
C. E. Ware,
J. Ware,
J. M. Warren,
A. A. Watson.

Worcester.
T. R. Boutelle,
C. P. Fiske,
W. Workman.

The records of the last stated meeting were read and approved.

The Corresponding Secretary read a letter from Messrs. Wood, of New York, publishers, proposing to furnish the Society with the British and Foreign Medical and Chirurgical Review at a reduced rate, and moved its reference to the Committee on Finance, and it was so ordered.

The Committee on Resignations reported the names of the following Fellows, as applicants for retired membership: —

Dr. John Stevens, ...	Boston;
" Samuel Stearns, ...	Greenfield;
" Jonathan Ware, ...	Milton;
" Ingalls Kittredge, ...	Beverly;
" Amos Parker, ...	Bolton;

and recommended that they be allowed to retire, and that the assessments of Drs. Amos Parker and Samuel Stearns be remitted. The report was accepted, and the recommendations adopted.

Adjourned at 11½, A.M.

JOHN B. ALLEY,
Recording Secretary.

FEBRUARY MEETING, 1859.

A Stated Meeting of the Councillors of the Massachusetts Medical Society was held at the Society's Rooms, No. 12 Temple Place, on Wednesday, February 2d, 1859 et 11, A.M.

The Vice-President in the Chair.

The following Councillors were present: —

Bristol South.
W. W. Comstock.

Essex North.
W. D. Lamb.

Essex South.
E. Hunt,
J. M. Nye,
A. Torrey.

Middlesex North.
J. C. Dalton,
C. A. Savory,
J. Spaulding.

Middlesex East.
H. P. Wakefield.

Middlesex South.
R. L. Hodgdon,
H. Holmes.

Norfolk.
B. E. Cotting,
J. G. S. Hitchcock,
C. C. Holmes,
S. Salisbury,
E. Stone.

Plymouth.
C. B. Pratt.

Suffolk.
J. B. Alley,
J. Ayer,
G. Bartlett,
W. E. Coale,
P. M. Crane,
S. Durkee,
H. Dyer,
J. Flint,
J. B. Forsyth,
A. A. Gould,
J. Homans,
J. B. S. Jackson,
E. Palmer,
M. S. Perry,
D. H. Storer,
C. E. Ware,
A. A. Watson.

Worcester.
T. R. Boutelle,
R. R. Clarke,
B. F. Heywood,
A. Hitchcock,
J. G. Metcalf. 39

The Secretary read a letter from the President, stating that his attendance at a meeting of the Trustees of the State Lunatic Asylum, at Northampton, prevented his attendance at this meeting of the Councillors.

The records of the last stated meeting were read by the Secretary.

The Chair appointed the following Standing Committees: —

Committee on the Treasurer's Accounts.

Dr. Silas Durkee, ... Boston.
" Phineas M. Crane, . . . Boston.

Committee on the Library.

Dr. Nathaniel B. Shurtleff, . . Boston.
" Edward H. Clarke, . . . Boston.

Dr. D. H. Storer, Chairman of the Committee to whom was referred the communication of the Censors for Suffolk District, in regard to the examination of candidates for fellowship of the Society, reported that the Committee had petitioned the Legislature for certain amendments to

the present charter, and requested further time, which was granted.

The Committee on Resignations reported the names of the following applicants for retired membership: —

Dr.	Hiram Hosmer,	Watertown;
"	Asa Story,	Manchester;
"	Humphrey Gould,	Rowe;
"	Aaron D. King,	Lunenburg;

and recommended that they be allowed to retire, and that the assessments of Dr. Aaron D. King be remitted; also that the following Fellows, having paid all dues and retired from practice, be allowed to resign their Fellowship: —

Dr.	Ivory H. Lucas,	Edgartown;
"	Patrick P. Campbell,	Lowell.

The report was accepted and the recommendations adopted.

Voted, "That the Recording Secretary be authorized to issue certificates to the delegates to the meeting of the American Medical Association, to be held at Louisville in May, 1859."

Voted, "That the Librarian be authorized to furnish the Public Library of the City of Boston, the Boston Athenæum, the Massachusetts Historical Society, and the New England Historic-Genealogical Society, with such numbers of the Medical Communications of the Society as may be needed to complete their files."

Voted, "That the Returns of the Zymotic Diseases from the several District Societies be referred to Dr. Benjamin Cutter, of Woburn, to digest and condense them into one Report for the State."

On motion of Dr. J. G. Metcalf, of Mendon,

Voted, "That a committee of three be appointed to petition the present Legislature in aid of the petition of the American Statistical Society."

At 12.45, P.M., the meeting was dissolved.

JOHN B. ALLEY,
Recording Secretary.

Annual Meeting, May, 1859.

The Annual Meeting of the Councillors was held on Tuesday, May 24th, 1859, at 7½, P.M., at the Society's Rooms, No. 12 Temple Place.

The President, Dr. Bell, in the Chair.

The following Councillors were present: —

Barnstable.
S. H. Gould,
C. M. Hurlbert.

Berkshire.
N. S. Babbitt,
H. H. Childs.

Bristol North.
J. Gardner,
T. Phelps.

Bristol South.
W. A. Gordon,
F. Hooper,
A. Mackie.

Essex North.
M. Root,
J. Spofford.

Essex South.
E. Hunt,
J. M. Nye.

Hampden.
T. L. Chapman,
N. Downs,
E. G. Ufford.

Hampshire.
H. Thompson.

Middlesex North.
J. C. Dalton,
J. W. Graves,
J. P. Jewett,
J. L. Moore,
L. B. Morse,
C. A. Savory.

Middlesex East.
A. Chapin,
B Cutter,
M. Parker,
H. P. Wakefield.

Middlesex South.
C. H. Allen,
J. W. Bemis,
R. L. Hodgdon,
O. E. Hunt,
J. Russell,
G. J. Townsend,
E. Warren,
S. Whitney.

Norfolk.
H. Bartlett,
B. E. Cotting,
J. G. S. Hitchcock,
C. C. Holmes,
E. Jarvis,
A. Le B. Munroe,
E. Stone.

Plymouth.
C. B. Pratt,
J. Wilde.

Suffolk.
J. B. Alley,
J. Ayer,
G. Bartlett,
J. Bigelow,
H. J. Bigelow,
S. Cabot, Jr.
W. E. Coale,
P. M. Crane,
W. J. Dale,
S. Durkee,
H. Dyer,
J. Flint,
J. B. Forsyth,
C. Gordon,
A. A. Gould,
J. Homans,
J. B. S. Jackson,
J. Jeffries,
C. G. Putnam,
G. C. Shattuck,
N. B. Shurtleff,
C. H. Stedman,
D. H. Storer,
C. E. Ware,
J. M. Warren,
A. A. Watson.

Worcester.
R. R. Clarke,
C. P. Fiske,
H. A. Jewett,
E. Lovell,
J. G. Metcalf,
W. Terry,
W. Workman.

Worcester North.
T. R. Boutelle,
A. Godding.

The records of the last meeting were read by the Secretary, and approved.

The Recording Secretary read the names of those who had joined the Society since the last Annual Meeting, and the list of deceased Fellows.

Fellows admitted during the year.

Justin Allen,	Topsfield.
Carl Both,	Boston.
Royal B. Boynton,	Townsend.
William B. Burge,	Taunton.
William H. Burleigh,	Lawrence.
George A. Collamore,	W. Bridgewater.
Marcus F. Delano,	Leominster.
Joseph Draper,	Westboro'.
Stephen Foss,	Boston.
George W. Garland,	Lawrence.
William W. Godding,	Winchendon.
Joseph F. Gould,	South Boston.
Joshua B. Gould,	South Royalston.
Samuel Griggs,	Greenfield.
Thomas T. Griggs,	Grafton.
Abner Ham,	Boston.
James W. Hartley,	Fall River.
Gustavus Hay,	Boston.
Gardner C. Hill,	Warwick.
Frederick H. Hooper,	New Bedford.
Charles Jordan,	South Reading.
George C. Lincoln,	Cambridge.
Abel C. Livermore,	Stow.
John R. Mansfield,	Boston.
Felix V. Marrisul,	Fall River.
Samuel H. Melcher,	Boston.
Deodat Mignault,	Lowell.
Joseph Murphy,	Taunton.
George W. Pierce,	Leominster.
Thomas H. Pinkerton,	Boston.
Francis E. W. Pouliot,	Quebec, C. E.
William B. Proctor,	Lowell.
John L. Robinson,	Wenham.
Henry M. Saville,	Quincy.
Edward J. Sawyer,	Gardner.
Jeremiah H. Sawyer,	Newburyport.
James Smythe,	Boston.
Cyrus Temple,	Heath.

Walter M. Walsh,	Boston.	
Joseph R. Webster,	Milton.	
Noah Wells,	Greenfield.	41

Fellows deceased during the year.

Admitted.	Name.	Residence.	Died.	Age.
1852	John G. Barton	Erving	June —, 1858	....
1841	Wm. A. Briggs	Boston	May 19, 1859	40
1838	Adolphus Brigham	Shrewsbury	Apr. 30, 1859	56
1818	Ephraim Buck	Boston	Jan. 2, 1859	73
1855	Geo. M. Burgess	Blackstone	Mar. 3, 1859	42
1833	Calvin Carter	Lancaster	Mar. 28, 1859	74
1840	Lucius Cooke	Erving	Oct. 10, 1858	44
1851	I. P. C. Cummings,	Fitchburg	Sept. 10, 1858	28
1826	Nehemiah Cutter	Pepperell	Mar. 15, 1859	72
1841	James Deane	Greenfield	June 2, 1858	56
1831	Clifford Dorr	Somerville	Sept. 19, 1858	52
1826	Chandler Flagg	Marblehead	Sept. 10, 1858	77
1806	Henry Gardner	Charlestown	June 19, 1858	79
1852	James B. Hallinan	Boston	Nov. —, 1858	37
1847	Israel Hildreth	Dracut	Apr. 8, 1859	47
1822	Gideon Kibbee	Wilbraham	Mar. 3, 1859	80
1852	F. A. Noyes	Boston	Mar. 25, 1859	36
1836	Samuel Sawyer	Cambridge	Jan. 5, 1859	54
1855	Albert D. Smith	Holden	Oct. 26, 1858	36
1837	Benajah Ticknor	U. S. N.	———	71
1840	John Toomy	S. Francisco, Ca.	June 8, 1858	38
1847	Shilometh S. Whipple,	Boston	Apr. 5, 1859	60

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The Treasurer read his Annual Report, which was accepted.

The Reports of the Auditing Committee, the Committee on the Library, and the Committee on Finance, were severally read and accepted.

The Committee on Resignations reported the names of the following Fellows as having arrived at the age of sixty, and paid their dues; and recommended that their request be granted: —

Dr. Ebenezer Hunt,	Danvers;
" Richard Herbert,	Rowley;
" Stephen Huse,	Methuen;
" Jeremiah Stone,	Provincetown;
" Jehiel Abbott,	Westfield;

and that Dr. Marcus A. Moore, of Waltham, having retired from practice and paid his dues, be allowed to withdraw

from the Society. The report was accepted and the recommendations adopted.

Voted, "That a Committee of one Fellow from each District Society be appointed to nominate a list of officers of the Society for the ensuing year."

The Chair appointed the following gentlemen: —

Barnstable,	Drs. Samuel H. Gould.
Berkshire,	Nathan S. Babbitt.
Bristol North,	Thaddeus Phelps.
Bristol South,	William A. Gordon.
Essex North,	Jeremiah Spofford.
Essex South,	Ebenezer Hunt.
Franklin,	—— ——
Hampden,	Thomas L. Chapman.
Hampshire,	Horatio Thompson.
Middlesex East,	Benjamin Cutter.
Middlesex North,	John C. Dalton.
Middlesex South,	Richard L. Hodgdon.
Norfolk,	Edward Jarvis.
Plymouth,	James Wilde.
Suffolk,	J. Mason Warren.
Worcester,	William Workman.
Worcester North,	Thomas R. Boutelle.

On motion of Dr. Foster Hooper, of New Bedford,

Voted, "To appoint Boston as the place for holding the next Annual Meeting of the Society."

Voted, "That the Corresponding Secretary be requested to communicate with each District Society in regard to the appointment of the place for holding the Annual Meeting of the Society, and request each Society to instruct its Councillors thereon."

The Committee on Nominations reported the following list of candidates for officers of the Society for the ensuing year: —

Dr. John Homans, Boston,	*President.*
" John G. Metcalf, Mendon,	*Vice-President.*
" Benjamin E. Cotting, Roxbury,	*Cor. Secretary.*
" John B. Alley, Boston,	*Rec. Secretary.*
" William E. Coale, Boston,	*Librarian.*
" Augustus A. Gould, Boston,	*Treasurer.*

On motion of Dr. Holmes, of Milton,

Voted, "That the Committee on Nominations be requested to nominate an Anniversary Chairman, a Committee of Arrangements, and an Orator, for the ensuing year."

The Chair appointed the following Standing Committees: —

Committee on Publications.

Drs. C. G. Putnam, C. Gordon, W. W. Morland.

Committee on Resignations.

Drs. A. A. Gould, N. B. Shurtleff, J. Ayer.

Committee on Finance.

Drs. S. D. Townsend, C. P. Fiske, J. Hayes.

Voted, "To proceed to ballot for the Officers of the Society."

The Chair appointed Drs. Gordon and Coale a Committee to collect, sort and count the votes.

Dr. Gordon subsequently reported that the Councillors had elected the candidates nominated by the Committee.

On motion of Dr. Dale,

Voted, "That a Committee of two be appointed to wait on the President elect, and notify him of his election."

The Chair appointed Drs. Dale, of Boston, and Workman, of Worcester.

The Recording Secretary read an attested copy of the recent act in addition to the acts incorporating the Massachusetts Medical Society, as follows: —

Commonwealth of Massachusetts, in the year 1859.

AN ACT IN RELATION TO THE MASSACHUSETTS MEDICAL SOCIETY.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Sec. 1. No person shall hereafter become a member of the Massachusetts Medical Society, except upon examination by the Censors of said Society, and any person of good moral character, found to possess the qualifications prescribed by the rules and regulations of said Society, shall be admitted a Fellow of said Society.

Sec. 2. This act shall take effect from and after its passage.

Approved March 5, 1859.

Voted, "To refer it to the Society for acceptance."

On motion of Dr. Putnam, of Boston,

Voted, "That the President be authorized to appoint three Delegates to attend the National Convention for revising the Pharmacopœia, to be held in Washington, in May, 1860."

Dr. Gardner, of Pawtucket, presented a communication from Dr. Dan King, of Taunton, offering one thousand copies of his work entitled "Quackery Unmasked," for distribution to the Fellows of the Society, at thirty-five dollars per hundred.

On motion of Dr. Jeffries, of Boston,

Voted, "That the communication be referred to the Committee on Publications."

The Committee on Nominations reported the following candidates: —

Anniversary Chairman.

Dr. D. Humphreys Storer, . . . Boston.

Orator.

Dr. Oliver W. Holmes, . . . Boston.

Committee of Arrangements.

Drs. William E. Coale, Charles E. Buckingham,
Samuel Cabot, Francis Minot,
Algernon Coolidge.

The above-named candidates were unanimously elected.

Dr. H. J. Bigelow offered the following amendment to the first By-Law: —

"Strike out the first twelve lines, and insert the words, 'Any person having been graduated as Doctor of Medicine at Harvard University, or at the Berkshire Medical Institution, shall become a Fellow of the Society without further examination, by the Censors, of his medical attainments.'"

On motion of Dr. Metcalf, of Mendon,

Voted, "To reconsider the vote by which the Councillors referred the recent act of the Legislature to the Society for acceptance."

The vote was then taken on the motion to refer the recent act to the Society for acceptance, and it was lost by a vote of 28 in the affirmative and 29 in the negative.

Dr. Fiske moved,

"That Dr. H. J. Bigelow's amendment; the report of the Committee to whom was referred the communication from the Censors for Suffolk District; and the recent act of the Legislature; be referred to a committee of five, to report what action is necessary."

During the discussion of this motion, the Council, on motion of Dr. Monroe, voted to adjourn till half past eight o'clock on Wednesday morning, May 25th, 1859.

The President introduced the President elect to the Councillors, who thereupon took the Chair, when on motion of Dr. Foster Hooper, of Fall River, the thanks of the Councillors were presented to the retiring President for the able and impartial performance of his duties.

The President, in a few appropriate remarks, acknowledged the honor conferred upon him by the Council, and the meeting was adjourned to Wednesday, May 25th, 1859, at 8½ o'clock, A.M.

JOHN B. ALLEY,
Recording Secretary.

ADJOURNED MEETING, MAY, 1859.

An adjourned meeting of the Councillors was held at the Society's Rooms, 12 Temple Place, on Wednesday, May 25, 1859, at 8½, A. M.

President Homans in the Chair.

The following Councillors were present.

Berkshire.	*Essex North.*	*Middlesex North.*
H. H. Childs.	M. Root.	J. C. Dalton,
Bristol North.	*Essex South.*	J. P. Jewett,
J. Gardner.	E. Hunt.	I. L. Moore.
Bristol South.		*Middlesex South.*
F. Hooper,	*Hampden.*	C. H. Allen,
A. Mackie.	E. G. Ufford.	J. W. Bemis,

O. E. Hunt,
S. Whitney.

Middlesex East.
H. O. Wakefield.

Norfolk.
B. E. Cotting,
E. Jarvis,
A. LeB. Munroe.

Suffolk.
J. B. Alley,
J. Bigelow,
H. J. Bigelow,
S. Cabot, Jr.
W. E. Coale,
A. A. Gould,
J. Homans,
J. Jeffries,
C. E. Ware.

Worcester.
C. P. Fiske,
E. Lovell,
J. G. Metcalf.

Worcester North.
A. Godding.

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The Records of the Annual Meeting were read and approved.

The Chair stated that the first business in order was the motion of Dr. Fiske,

"That the amendment of the first By-Law, offered by Dr. H. J. Bigelow; the report of the Committee to whom was referred the communication from the Censors of Suffolk District; and the recent act of the Legislature; be referred to a Committee of five, to consider and report what action is necessary."

The motion to refer was unanimously adopted.

The Chair appointed Drs. J. Bigelow, A. A. Gould, J. Jeffries, G. C. Shattuck and H. J. Bigelow.

Voted, "That two Fellows be added to the above Committee."

The Chair appointed Drs. H. H. Childs of Pittsfield, and J. G. Metcalf of Mendon.

Dr. C. P. Fiske, Chairman of the Committee appointed at the last Annual Meeting of the Councillors to consider and report if any changes in the By-Laws are requisite, reported an amendment to the sixth By-Law, which was also referred to the above Committee.

On motion of Dr. Foster Hooper,

Voted, "That the Committee just appointed, be instructed to look after the interests of the Society in the Legislature, and that they be authorized to take such measures to protect those interests as they may deem expedient."

The Corresponding Secretary read a communication from Dr. Chas. A. Davis, in relation to a suit brought

against him by Dr. Morton, for the use of ether as an anæsthetic, which, on motion of Dr. Wakefield, was referred to a Committee of five, to consider and report to the Councillors. The Chair appointed Drs. H. P. Wakefield of Reading, A. Mackie of New Bedford, C. A. Savory of Lowell, A. LeB. Munroe of Medway, and O. E. Hunt of Weston.

Dr. Jarvis presented the Report of Dr. Benjamin Cutter, who was appointed at the February meeting of the Councillors, to digest and condense the District Society's Reports on Zymotic Diseases into one Report for the State.

The Report was accepted, and on motion of Dr. Jarvis, it was voted that the same plan of Registration be continued during the ensuing year, and the Secretary be requested to print the requisite blanks and distribute them with the Medical Communications.

The meeting was dissolved.

JOHN B. ALLEY,
Recording Secretary.

BOARD OF TRIAL.

A Board of Trial met at Lowell on Wednesday, August 4, 1858, to hear and try the following charges brought by the Middlesex North District Medical Society against Dr. Henry M. Hooke, of Lowell: —

I. For infraction of the 10th By-Law of the Massachusetts Medical Society, in offering to the public, while exercising the duties of a physician, medicines, the composition of which he keeps a secret, thereby offering to cure diseases by such secret medicines; in establishing or causing to be established for his benefit, and supporting, a certain nostrum and drug shop on Merrimac Street, in Lowell, kept by a Mrs. Cloyes or Mrs. Lane, at which shop only

his prescriptions can be made up, the said prescriptions being written purposely so as to be unintelligible to all other apothecaries; in publishing his card in and writing medical articles as advertisements for a notoriously vile and quackish paper called "The Medical Expositor," the editor and proprietor of which is and has been for years, as is well known, an irregular practitioner, who recently has been convicted by a jury for libel against a worthy citizen of this place, and paid the penalty therefor by three months imprisonment in the House of Correction at Cambridge.

II. For conduct unbecoming and unworthy an honorable physician and member of this Society, in rudely and peremptorily refusing to pay his arrearages and annual assessments due to the Society when called for; in manifesting hostility to the Society and its interests by speaking of it in terms of disparagement and contempt; in frequent violations of the recognized code of medical ethics in visiting, advising and prescribing for patients, while under the charge of other physicians, without the consent or knowledge of said physicians; in false and dishonorable conduct in consultations, by which he has impaired or destroyed the confidence of the patient and friends in the consulting or attending physician with whom he has met, and in other irregular and disreputable acts equally adverse to the welfare of the public and to the interests and dignity of the profession.

The Board was unanimously of the opinion that the charges were fully substantiated.

Voted, "That Dr. Henry M. Hooke is guilty of the charges brought against him by the Middlesex North District Medical Society."

Voted, "That Henry M. Hooke be and hereby is expelled from the Massachusetts Medical Society."

JOHN B. ALLEY, *Secretary.*

Massachusetts Medical Society in Account with Augustus A. Gould, Treasurer.

Dr.

Received at Annual Meeting			$652 15
From Districts:	Barnstable,	72.00	
	Berkshire,	65.00	
	Bristol North,	30.00	
	Bristol South,	147.00	
	Essex North,	146.00	
	Essex South,	36.00	
	Franklin,	48.00	
	Hampden,	42.00	
	Hampshire,	33.00	
	Middlesex East,	48.00	
	Middlesex North,	230.00	
	Middlesex South,	165.00	
	Norfolk,	168.00	
	Plymouth,	79.50	
	Suffolk,	348.00	
	Worcester,	174 00	
			1831.50
By Treasurer — Sundries,			443.00
Notes Payable,			500.00
Interest — Permanent Fund,		618.92	
Shattuck Fund,		504.18	
			1123.10
Rents and Taxes,			550.75
Diplomas,			14.00
Balance due Treasurer,			131.36
			$5245.86

Cr.

Balance due Treasurer,			$386.69
Annual Dinner,			600.00
Publications — Braithwaite's Retrospect,		884 00	
D. Clapp, distribution, postage, &c.		438 38	
J. Wilson, 6.50; Tidd (wood cuts), 7,		13.50	
			1335.88
Refunded to Districts:	Barnstable,	21.00	
	Berkshire,	20 50	
	Bristol North,	7.50	
	Bristol South,	62 27	
	Essex North,	39.75	
	Essex South,	24.75	
	Franklin,	40.75	
	Hampden,	12 00	
	Hampshire,	10.50	
	Middlesex East,	12.00	
	Middlesex North,	71.25	
	Middlesex South,	66.50	
	Norfolk,	68.18	
	Plymouth,	14.25	
	Suffolk,	156.75	
	Worcester,	79 50	
	Sundries overpaid,	29.75	
			737.20
Commissioners on Trials,			54.20
Notes Payable — Merchants Bank,		900 00	
Suffolk District,		60.26	
			960.26
Discount and Interest,			30.66
Commissions for Collection,			96.08
Rent and care of Rooms,			554.00
Taxes,			84.89
Incidentals,			50 10
Notes Receivable — Suffolk District,			55.90
Treasurer's Salary,			300.00
			$5245.86

AUGUSTUS A. GOULD, Treas'r.

Massachusetts Medical Society.

PROCEEDINGS OF THE SOCIETY.

ANNUAL MEETING.

May 25, 1859.

The Annual Meeting of the Massachusetts Medical Society was held in the Hall of the Lowell Institute, on Wednesday, May 25, 1859, at 10 o'clock.

The President, Dr. John Homans, in the Chair.

The Recording Secretary read the record of the last meeting, the names of all who had become Fellows of the Society since the last Annual Meeting, and the names of deceased Fellows.

The Treasurer read an abstract of his Annual Report.

"The outstanding demands against the Society are at present about $400, which is about one third as much as at the last annnal meeting. The concluding volume of Copland's Dictionary, which has just come to hand, with the continuation of Braithwaite, will create a double demand on the Treasury, for publications, the coming year; but, should no extraordinary expense arise, it is believed that the Society may yet stand clear of debt at the next annual meeting."

The Report of the Auditing Committee was read by the Secretary.

The Committee on Scientific Communications reported that the following gentlemen had consented to prepare papers for this meeting, viz.:—

1. Dr. John Ware. On Hæmoptysis.
2. Dr. J. Mason Warren. A case of Hermaphroditism, and a case of Excision of the Knee-joint with an exhibition of the patient.
3. Middlesex East District Medical Society. Report on Zymotic Diseases.
4. Dr. Josiah Curtis. On the condition of State Registration.
5. Dr. Wm. Ingalls. On the Veratrum Viride.

The three first named papers were severally read by their authors.

The Chair appointed the following gentlemen the Committee on Scientific Communications: —Drs. J. G. Metcalf of Mendon, George Choate of Salem, and H. I. Bowditch of Boston.

The Committee appointed to adjudge the Prize for the best Dissertation on the following subject—"To what affections of the lungs does bronchitis give origin?" reported that only one had been offered, and that one had been unanimously adjudged worthy of the prize. The sealed packet, containing the name of the Author, was handed to the President, and, upon breaking the seal, the name of the successful candidate was found to be Daniel D. Slade, M.D., of Boston.

At 1, P. M., the Annual Discourse was delivered by Dr. Timothy Childs, of Pittsfield.

Upon the motion of Dr. Calvin P. Fiske, of Fiskedale, it was voted that the thanks of the Society be presented to Dr. Timothy Childs, for his able, interesting and instructive address.

The meeting was dissolved.

JOHN B. ALLEY,
Recording Secretary.

At $2\frac{1}{4}$, P. M., the Fellows of the Society formed in procession, under the direction of Dr. Wm. E. Coale, Chief Marshal, assisted by Drs. Wm. E. Townsend, Henry W. Williams and Samuel A. Greene, and proceeded to Faneuil Hall to dine. The number present was about five hundred. The divine blessing was invoked by Rev. Rollin H. Neale, D.D., of Boston, and after a bountiful repast, two hours were spent in a pleasant interchange of thought and sentiment.

Officers of the Massachusetts Medical Society.

1859–60.

JOHN HOMANS, ... Boston, ... PRESIDENT.
JOHN G. METCALF, . . Mendon, . . . VICE-PRESIDENT.
BENJAMIN E. COTTING, Roxbury, . . . COR. SECRETARY.
JOHN B. ALLEY, ... Boston, ... REC. SECRETARY.
WILLIAM E. COALE, . . Boston, ... LIBRARIAN.
AUGUSTUS A. GOULD, . Boston, ... TREASURER.

Ex-officiis Vice-Presidents.

[Arranged according to Seniority.]

WILLIAM PARKHURST.
PAUL L. NICHOLS.
EBENEZER STONE.
EBENEZER HUNT.
AUGUSTUS A. GOULD.
JOHN W. GRAVES.
MORRILL WYMAN.
HENRY FERRE.
FRANKLIN DODGE.
CHARLES M. DUNCAN.
MOSES PARKER.
ROBERT T. DAVIS.
BENONI CARPENTER.
ALFRED LAMBERT.
FRANKLIN BONNEY.
STEPHEN HUSE.
ORAMEL MARTIN.

Councillors.

BARNSTABLE. — Drs. Franklin Dodge, Harwich; Samuel H. Gould, Brewster; Chauncy M. Hurlbert, South Dennis; John M. Smith, Barnstable.

Berkshire. — Drs. Lucius S. Adams, Stockbridge; Nathan S. Babbitt, North Adams; Henry H. Childs, Pittsfield; Clifford C. Holcombe, Lee; Abner M. Smith, Pittsfield.

Bristol North. — Drs. Johnson Gardner, Pawtucket; Thaddeus Phelps, Attleboro'; Ira Sampson, Taunton.

Bristol South. — Drs. Robert T. Davis, Fall River; William A. Gordon, New Bedford; Foster Hooper, Fall River; Andrew Mackie, New Bedford; John Pierce, Edgartown.

Essex North. — Drs. William H. Burleigh, Lawrence; George Cogswell, Bradford; Enoch Cross, Newburyport; Martin Root, Byfield; Jeremiah Spofford, Groveland.

Essex South. — Drs. Benjamin Cox, Jr., Salem; Benjamin Haskell, Rockport; Ebenezer Hunt, Danvers; James M. Nye, Lynn; Edward B. Peirson, Salem; Augustus Torrey, Beverly.

Franklin. — Drs. Stephen Bates, Charlemont; Charles P. Lyons, Coleraine; John W. D. Osgood, Greenfield; Elijah Stratton, Northfield.

Hampden. — Drs. Thomas L. Chapman, Longmeadow; Nathaniel Downes, West Springfield; Edward G. Pierce, Holyoke; Edward G. Ufford, West Springfield.

Hampshire. — Drs. Artemas Bell, Southampton; Daniel Thompson, Northampton; Horatio Thompson, Belchertown.

Middlesex North. — Drs. John C. Dalton, Lowell; Darius A. Dow, Westford; Hanover Dickey, John W. Graves, Jeremiah P. Jewett, Ira L. Moore, Luther B. Morse, Charles A. Savory, Joel Spaulding, Lowell.

Middlesex East. — Drs. Alonzo Chapin, Winchester; Benjamin Cutter, Woburn; Moses Parker, Melrose; Horace P. Wakefield, Reading.

Middlesex South. — Drs. Charles H. Allen, Cambridgeport; Josiah Bartlett, Concord; Jonathan W. Bemis, Charlestown; Richard L. Hodgdon, West Cambridge; Otis E. Hunt, Weston; Charles C. Jewett, Holliston; Theodore Kittredge, Waltham; John W. Osgood, Saxonville; Ira Russell, Natick; George I. Townsend, South Natick; Edward Warren, Newton Lower Falls; Simon Whitney, Framingham; Morrill Wyman, Cambridge.

Norfolk. — Drs. Henry Bartlett, Roxbury; Benjamin E. Cotting, Roxbury, *Cor. Secretary;* Joseph G. S. Hitchcock, Foxboro'; Christopher C. Holmes, Milton; Edward Jarvis, Dorchester; A. Le B. Monroe, Medway; Josiah Noyes, Needham; Ebenezer Stone, Walpole.

Plymouth. — Drs. Calvin B. Pratt, Bridgewater; James Wilde, Duxbury.

Suffolk. — Drs. Jacob Bigelow; George Hayward; John Ware; JOHN HOMANS, *President;* John Jeffries; Winslow Lewis; D. Humphreys Storer; John Flint; Charles G. Putnam; Henry Dyer; Abraham A. Watson; Augustus A. Gould, *Treasurer;* William J. Dale; Ezra Palmer, Jr.; George Bartlett; Marshall S. Perry; John B. S. Jackson; Nathaniel B. Shurtleff; Charles Gordon; Henry G. Clark; Henry I. Bowditch; J. Mason Warren; Charles H. Stedman; George C. Shattuck; James B. Forsyth, Chelsea; Charles E. Ware; Phineas M. Crane, East Boston; Samuel Cabot, Jr.; James Ayer; Silas Durkee; William E. Coale, *Librarian;* Henry J. Bigelow; John B. Alley, *Recording Secretary.*

Worcester. — Drs. Rowse R. Clarke, Whitinsville; Calvin P. Fiske, Fiskedale; Henry A. Jewett, Northboro'; Ephraim Lovell, West Boylston; John G. Metcalf, *Vice-President,* Mendon; Moses D. Southwick, Blackstone; William Terry, Sutton; William Workman, Worcester.

Worcester North. — Drs. Thomas R. Boutelle, Fitchburg; Alvah Godding, Winchendon; William Parkhurst, Petersham; Isaac P. Willis, South Royalston.

Censors.

Barnstable. — Drs. Samuel H. Gould, Brewster; John Harpur, Sandwich; Freeman H. Jenkins, West Barnstable; George Shove, Yarmouth Port; John M. Smith, Barnstable.

Berkshire. — Drs. Edward B. Root, West Stockbridge; Mellen Sabin, Lenox; Andrew M. Smith, Williamstown.

Bristol North. — Drs. Johnson Gardner, Pawtucket; Charles Howe, Raynham; Thomas G. Nichols, Freetown.

Bristol South. — Drs. George Atwood, Fairhaven; Aaron Cornish, New Bedford; Jerome Dwelley, Fall River; Charles D. Stickney, New Bedford; William E. Sparrow, Mattapoisett.

Essex North. — Drs. Yorick C. Hurd, Amesbury; Jeremiah H. Sawyer, Newburyport; Jeremiah Spofford, Groveland; Israel N. Smith, Haverhill; James A. Tilton, Newburyport.

Essex South. — Drs. George A. Perkins, H. Osgood Stone and Henry Wheatland, Salem.

Franklin. — Drs. Adams C. Deane, Greenfield; Humphrey Gould, Rowe; Gardner C. Hill, Warwick.

Hampden. — Drs. Nathan Adams, William G. Breck, Springfield; A. Bryant Clarke, Holyoke.

Hampshire. — Drs. Franklin Bonney, Hadley; James Dunlap and James Thompson, Northampton.

Middlesex North. — Drs. Nathan Allen, Lowell; Hezekiah C. Bickford, Billerica; Daniel Parker Gage, Elisha Huntington, Lowell; Edward A. Perkins, Tyngsboro'.

Middlesex East. — Drs. Ephraim Cutter, Woburn; William Ingalls, Winchester; Erastus O. Phinney, Melrose.

Middlesex South. — Drs. Horatio Adams, Waltham; Moses Clark, East Cambridge; Morrill Wyman, Cambridge.

Norfolk. — Drs. Ebenezer P. Burgess, Dedham; Benjamin Mann, Roxbury; Erasmus D. Miller, Dorchester; Simeon Tucker, Stoughton; Adams Wiley, Roxbury.

Plymouth. — Drs. Josiah S. Hammond, Plympton; Asa Millett, Abington; Samuel A. Orr, East Bridgewater.

Suffolk. — Drs. William E. Coale, Francis Minot, William W. Morland, Charles E. Ware, and Henry W. Williams, Boston.

Worcester. — Drs. Rowse B. Clarke, Whitinsville; Henry Clarke, Thomas H. Gage, Joseph Sargent, Rufus Woodward, Worcester.

Worcester North. — Drs. Alfred Hitchcock, Fitchburg; Alfred Miller, Ashburnham; Clinton Warner, Westminster; Jonathan A. White, Baldwinsville; Isaac P. Willis, South Royalston.

Commissioners of Trials.

Barnstable . . .	George Shove, M.D. . . .	Yarmouth Port.
Berkshire	Henry H. Childs, M.D. .	Pittsfield.
Bristol North .	Dan King, M.D.	Taunton.
Bristol South . .	Foster Hooper, M.D. . . .	Fall River.
Essex North . .	Jeremiah Spofford, M.D. .	Groveland.
Essex South . .	George Choate, M.D. . .	Salem.
Franklin	Royall N. Porter, M.D. .	Deerfield.

Hampden	Nathan Adams, M.D. . .	Springfield.
Hampshire	Artemas Bell, M.D. . . .	Southampton.
Middlesex North	John C. Dalton, M.D. . .	Lowell.
Middlesex East .	Alonzo Chapin, M.D. . . .	Winchester.
Middlesex South	Anson Hooker, M.D. . . .	East Cambridge.
Norfolk	Ebenezer Alden, M.D.	Randolph.
Plymouth	Timothy Gordon, M.D. . .	Plymouth.
Suffolk	Silas Durkee, M.D.	Boston.
Worcester . . .	William Workman, M.D. .	Worcester.
Worcester North	Alvah Godding, M.D. . . .	Winchendon.

Officers of the District Medical Societies.

Barnstable. — Dr. Franklin Dodge, Harwich, *President;* Dr. George W. Doane, Hyannis, *Vice-President;* Dr. Samuel H. Gould, Brewster, *Secretary;* Dr. John M. Smith, Barnstable, *Treasurer and Librarian.*

Berkshire. — Dr. Henry Ferre, Dalton, *President;* Dr. Timothy Childs, Pittsfield, *Vice-President;* Dr. J. B. Whiting, Lee, *Secretary;* Dr. Oliver E. Brewster, Lee, *Treasurer.*

Bristol North. — Dr. Benoni Carpenter, Attleboro', *President;* Dr. Dan King, Taunton, *Vice-President;* Dr. Charles Howe, Raynham, *Secretary and Treasurer;* Drs. John B. Chase, Taunton, and Thaddeus Phelps, Attleboro', *Librarians.*

Bristol South. — Dr. Robert T. Davis, Fall River, *President;* Dr. William W. Comstock, Middleboro', *Vice-President;* Dr. Charles D. Stickney, New Bedford, *Secretary;* Dr. Frederic H. Hooper, New Bedford, *Treasurer and Librarian.*

Essex North. — Dr. Stephen Huse, Methuen, *President;* Dr. Kendall Flint, Haverhill, *Vice-President;* Dr. Martin Root Byfield, *Secretary and Treasurer;* Dr. Israel N. Smith, Haverhill, *Librarian.*

Essex South. — Dr. Ebenezer Hunt, North Danvers, *President;* Dr. Augustus Torrey, Beverly, *Vice-President;* Dr. Richard H. Wheatland, Salem, *Treasurer;* Dr. Frederick Winsor, Salem, *Secretary;* Dr. Lincoln R. Stone, Salem, *Librarian.*

Franklin. — Dr. Charles M. Duncan, Shelburne, *President;* Dr. Edward Barton, Orange, *Vice-President;* Dr. Joseph Draper, Greenfield, *Secretary, Treasurer and Librarian.*

Hampden. — Dr. Alfred Lambert, Springfield, *President;* Dr. P. Le Breton Stickney, Chicopee, *Vice-President;* Dr. George A. Otis, Springfield, *Secretary, Treasurer and Librarian.*

Hampshire. — Dr. Franklin Bonney, Hadley, *President;* Dr. Israel H. Taylor, Amherst, *Vice-President;* Dr. James Thompson, Northampton, *Secretary;* Dr. Artemas Bell, Southampton, *Treasurer.*

Middlesex North. — Dr. John W. Graves, Lowell, *President;* Dr. Charles A. Savory, Lowell, *Vice-President;* Dr. Jonathan Brown, Tewksbury, *Secretary;* Dr. Nathaniel B. Edwards, North Chelmsford, *Treasurer and Librarian.*

Middlesex East. — Dr. Moses Parker, Melrose, *President;* Dr. S. Watson Drew, Woburn, *Vice-President;* Dr. Ephraim Cutter, Woburn, *Secretary;* Dr. Benjamin Cutter, Woburn, *Treasurer and Librarian.*

Middlesex South. — Dr. Morrill Wyman, Cambridge, *President;* Dr. Simon Whitney, Framingham, *Vice-President;* Dr. Charles H. Allen, Cambridgeport, *Secretary;* Dr. Royal S. Warren, Waltham, *Treasurer.*

Norfolk. — Dr. Ebenezer Stone, Walpole, *President;* Dr. A. Le Baron Monroe, Medway, *Vice-President;* Dr. Edward Jarvis, Dorchester, *Secretary;* Dr. Danforth P. Wight, Dedham, *Treasurer;* Dr. David S. Fogg, South Dedham, *Librarian.*

Plymouth. — Dr. Paul L. Nichols, Kingston, *President;* Dr. Winslow Warren, Plymouth, *Vice-President;* Dr. Henry N. Jones, Kingston, *Secretary and Treasurer;* Dr. Francis Collamore, Pembroke, *Librarian.*

Suffolk. — Dr. Augustus A. Gould, Boston, *President;* Dr. Charles G. Putnam, Boston, *Vice-President;* Dr. Charles D. Homans, Boston, *Secretary;* Dr. Francis Minot, Boston, *Treasurer;* Dr. Richard M. Hodges, Boston, *Librarian.*

Worcester. — Dr. Oramel Martin, Worcester, *President;* Dr. Calvin P. Fiske, Fiskedale, *Vice-President;* Dr. Thomas H. Gage, Worcester, *Secretary;* Dr. J. Marcus Rice, Worcester, *Treasurer;* Dr. Samuel F. Haven, Jr., Worcester, *Librarian.*

Worcester North. — Dr. William Parkhurst, Petersham, *President;* Dr. Jonas A. Marshall, Fitchburg, *Vice-President;* Dr. Thomas R. Boutelle, Fitchburg, *Treasurer;* Dr. James R. Wellman, Fitchburg, *Secretary and Librarian.*

LIST

OF THOSE WHO HAVE BECOME FELLOWS SINCE THE PRINTING OF THE CATALOGUE IN 1854.

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1855	Abbot, Ezra	Canton			
1855	Adams, Zabdiel B.	Boston			
1859	Allen, Justin	Topsfield			
1858	Aten, Henry F.	Dedham			
1854	Barker, Bowen	S. Hanson			
1855	Barnes, John	Milford			
1856	Barnes, Norman S.	Pittsfield			
1858	Barrett, William M.	Ashland			
1855	Bartlett, Ezra	Exeter, N. H.			
1856	Beals, H. H.	Pittsfield			
1858	Bement, John W.	Shelburne Falls			
1857	Bemis, Merrick	Worcester			
1855	Bemis, Nathaniel O.	Hubbardston			
1859	Both, Carl	Boston			
1859	Boynton, Royal B.	Townsend			
1855	Blake, John E.	Middletown, Ct.			
1855	Brackett, Wm. T. S.	Edgartown			
1858	Brewster, John M., Jr.	Palmer Depot			
1856	Briggs, Charles E.	Boston			
1857	Brink, Edwin	Pittsfield			
1855	Brown, J. Henry	West Newton			
1857	Brown, Orlando	Wrentham			
1859	Burleigh, William H.	Lawrence			
1859	Burge, William B.	Taunton			
1855	Burgess, G. M.	Blackstone			
1856	Bushnell, William	Boston			
1858	Campbell, Benjamin	East Boston			
1858	Chamberlain, E.	Millbury			
1856	Chase, Irah E.	Haverhill			
1858	Chase, John B.	Taunton			
1858	Chase, Preston M.	Danvers			
1858	Cheever, David W.	Boston			
1855	Clark, Henry	Worcester			
1859	Collamore, George A.	W. Bridgewater			
1858	Coggswell, George B.	Bridgewater			
1855	Collins, Clarkson T.	Great Barrington			
1855	Cooke, McLaurin F.	Boston			
1856	Coolidge, James	Orange			
1857	Cowdray, Harris	Acton			
1856	Cowles, H.	Saxonville			
1856	Crowell, John, Jr.	Haverhill			
1857	Crozier, Arthur T.	Maysville, Ark.			
1856	Cutter, Ephraim	Woburn			
1859	Delano, Marcus F.	Leominster			
1858	Draper, Joseph	Greenfield			
1857	Drew, David F.	Lynn			

Admitted.	Names.	Residence.	Retired.	Died.	Age.
1856	Duncan, Chauncy L.	Shelburne Falls			
1855	Durgin, Elijah S.	Boston			
1855	Fabyan, George	Boston			
1858	Ferguson, Hugh	S. Boston			
1858	Fifield, William C. B.	Weymouth			
1855	Fiske, Daniel S.	Brookfield			
1855	Flagg, Samuel B.	Boston			
1856	Forbes, Joseph B.	Hanover			
1856	Forsaith, Francis F.	South Abington			
1859	Foss, Stephen	Boston			
1857	Foster, James M.	Springfield			
1856	Gage, Daniel Parker	Lowell			
1856	Gale, George F.	Amherst			
1857	Galloup, John S.	Medfield			
1858	Garland, George W.	Lawrence			
1859	Godding, William W.	Winchendon			
1859	Gould, Joseph F.	South Boston			
1859	Gould, Joshua B.	South Royalston			
1856	Green, Samuel A.	Boston			
1858	Griggs, Samuel	Westboro'			
1858	Griggs, Thomas T.	Grafton			
1859	Ham, Abner	Boston			
1858	Harris, J. C.	West Cambridge			
1859	Hartley, James W.	Fall River			
1856	Hatch, Horace	Brookline			
1855	Haven, S. F. Jr.,	Worcester			
1859	Hay, Gustavus	Boston			
1858	Hayward, John McLean	Boston			
1857	Hayward, Nathan, Jr.	Roxbury			
1858	Head, George E., Jr.	Boston			
1855	Henderson, Jophanus	Somerville			
1856	Hill, Edward L.	Williamsburg			
1858	Hill, Gardner C.	Warwick			
1856	*Hill, James S.	Sacramento, Cal.		1857	32
1855	Holcomb, Clifford C.	Lee			
1855	Holman, Silas A.	Taunton			
1858	Holmes, H. M.	S. Adams			
1855	Hooker, Anson P.	East Cambridge			
1859	Hooper, Frederick H.	New Bedford			
1856	Hosmer, Alfred	Watertown			
1856	How, James C.	Haverhill			
1857	Howe, George M.	Harvard			
1856	Hurd, Yorick C.	Amesbury			
1858	Hutchins, John W.	Newton			
1856	Hyde, George S.	Boston			
1857	Jaynes, Henry	Chelsea			
1858	Jeffries, B. Joy	Boston			
1854	Jenks, Thomas L.	Boston			
1856	Jewett, Charles C.	Holliston			
1859	Jordan, Charles	South Reading			
1856	Jones, D. Wayland	Medfield			
1855	Keep, Samuel H.	Boston			
1855	Kendall, Albert A.	Newton L. Falls			
1855	*Knight, Ebenezer	Brimfield		1857	
1856	Kob, Charles F.	Boston			
1856	Lamson, John A.	Boston			

Admitted.	Names.	Residence.	Retired.	Died.	Age.
1857	Lane, William N.	Charlestown			
1856	Leach, William	Holmes's Hole			
1855	Lincoln, F. M.	Boston			
1859	Lincoln, George C.	Cambridge			
1859	Livermore, Abel C.	Stow			
1856	*Lynch, Thomas	South Boston		1857	25
1855	Lynde, James P.	Athol			
1858	Lyons, Charles T.	Coleraine			
1859	Mansfield, John R.	Boston			
1859	Marrisul, Felix V.	Fall River			
1858	Marsh, Lebbeus Eaton	Granby			
1855	Mason, William	Charlestown			
1856	McCollister, J. Q. A.	South Groton			
1855	McLean, A. S.	Springfield			
1859	Melcher, Samuel H.	Boston			
1859	Mignault, Deodat	Lowell			
1855	Miner, D. W.	Ware			
1854	Morse, James R.	North Cambridge			
1859	Murphy, Joseph	Taunton			
1856	Neilson, W.	Manchester, N.H.			
1856	Nichols, George K.	Sandisfield			
1855	Nichols, Jonathan	Harvard			
1857	Nihill, John	South Boston			
1857	Niles, John N.	Boston			
1855	Oliver, H. K.	Boston			
1858	Orcutt, Almon M.	Hardwick			
1855	Otis, George A.	Springfield			
1856	Osgood, William	Boston			
1855	Page, Calvin G.	Boston			
1856	Partridge, Louis E.	Natick			
1856	Perkins, D. C.	S. Danvers			
1855	*Perkins, John G.	Great Barrington		1856	
1858	Pike, Horace G.	Boston			
1859	Pierce, George W.	Leominster			
1859	Pinkerton, Thomas H.	Boston			
1857	Potter, Albert	Charlton Depot			
1858	Porter, R. N.	Deerfield			
1859	Pouliot, Francis E. W.	Quebec, C. E.			
1858	Prentiss, Henry C.	Northampton			
1859	Proctor, William B.	Lowell			
1857	Ramny, Mark	Somerville			
1855	Rice, I Marcus	Worcester			
1855	Richardson, Horace	Boston			
1856	Richardson, John H.	Chesterfield			
1858	Robinson, Albert B.	Holden			
1859	Robinson, John L.	Wenham			
1858	Rockwood, Henry	West Medway			
1855	Rogers, Seth	Worcester			
1856	Rublee, C. M.	Montpelier, Vt.			
1858	Ruppaner, Antoine	Boston			
1858	Sargent, George W.	Lawrence			
1857	Sargent, Lucius M., Jr.	Boston			
1859	Sawyer, Edward J.	Gardner			
1856	Sawyer, Frederick A.	Sterling			
1858	Sawyer, Jeremiah H.	Newburyport			
1859	Saville, Henry M.	Quincy			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1856	Simmons, Gustavus L.	Hingham			
1858	Sinclair, Alexander D.	Boston			
1856	Smith, Abner M.	Williamstown			
1855	*Smith, Albert D.	Holden		1858	36
1856	Smith, G. O.	Haverhill			
1858	Smith, Jerome C.	Somerville			
1859	Smythe, James	Boston			
1858	Soule, Horatio S.	Bucksport, Me.			
1857	Spring, Charles H.	Greenfield			
1856	Spring, John	Dublin, Ireland			
1855	Stedman, Charles E.	Dorchester			
1856	*Stetson, A. Everett	Dorchester	1857		32
1858	Strickland, Rial	E. Longmeadow			
1857	Stuart, Absalom B.	Westhampton			
1858	Taylor, John D.	Boston			
1858	Temple, Cyrus	Heath			
1857	Temple, Theron	Belchertown			
1857	Thompson, Austin W.	Northampton			
1858	Thorndike, William	Beverly			
1857	Tinker, Martin A.	Burnt Hills, N.Y.			
1857	Tjader, Antoun W.	Boston			
1857	Tracy, Stephen	Andover			
1855	Trow, Nathaniel G.	Sunderland			
1855	Tucker, George G.	Westfield			
1855	Tyler, Warren	N. Brookfield			
1858	Underwood, George L.	New York			
1855	Wakefield, Adoniram J.	Hopkinton			
1856	Wakefield, Jonas F.	S. Malden			
1855	Walker, Clement A.	S. Boston			
1855	Walsh, I. D.	Boston			
1858	Walsh, Peter D.	Boston			
1859	Walsh, Walter M.	Boston			
1856	Ware, Robert	Boston			
1859	Webster, Joseph R.	Milton			
1856	Weeks, Charles M.	Boston			
1858	Wells, Noah	Greenfield			
1856	Wellman, James R.	Fitchburg			
1855	Wheatland, Richard H.	Salem			
1857	White, James C.	Boston			
1855	Whiting, I. B.	Lee			
1856	Whittemore, Henry H. F.	Marblehead			
1858	Windship, George B.	Roxbury			
1855	Winsor, Frederic	Salem			
1856	Wood, Franklin A.	Lunenburg			
1855	Wood, James A.	Boston			
1855	Woodbury, Elwell	Medford			
1855	Woodward, Rufus	Worcester			
1855	Yale, John	Ware			

Gentlemen will please notify the Recording Secretary of any errors, omissions or removals.

DIPLOMAS can be obtained by application to the Recording Secretary, enclosing the sum of One Dollar. (See By-Law No. IV.)

The Committee on Publications respectfully inform the Fellows, that the funds of the Society do not at present warrant the publication of the Prize Essay, or any of the Papers presented at the last Annual Meeting. The Treasurer is of opinion that the state of the finances will allow of their publication some time during the next spring; and it is hoped that a Volume will be ready for distribution at the Annual Meeting in May, 1860.

Massachusetts Medical Society.

PROCEEDINGS OF THE COUNCILLORS.

October Meeting, 1859.

A Stated Meeting of the Councillors of the Massachusetts Medical Society was held at No. 12 Temple Place, on Wednesday, October 5, 1859, at 11, A.M.

The President in the Chair.

The following Councillors were present:—

Bristol North.
T. Phelps.

Essex North.
M. Root,
J. Spofford.

Essex South.
E. Hunt,
E. B. Peirson,
A. Torrey.

Middlesex North.
J. C. Dalton,
C. A. Savory.

Middlesex East.
B. Cutter,
H. P. Wakefield.

Middlesex South.
C. H. Allen,
J. Bartlett,
J. W. Bemis,
R. L. Hodgdon,
C. C. Jewett,
J. Russell,
E. Warren,
S. Whitney.

Norfolk.
H. Bartlett,
B. E. Cotting,
C. C. Holmes,
E. Jarvis.

Plymouth.
C. B. Pratt,
J. Wilde.

Suffolk.
J. Ayer,
J. B. Alley,
G. Bartlett,
H. J. Bigelow,
J. Bigelow,
H. I. Bowditch,
S. Cabot,
W. E. Coale,
P. Crane,
W. J. Dale,
H. Dyer,
J. Flint,
J. B. Forsyth,
C. Gordon,
A. A. Gould,
G. Hayward,
J. Homans,
J. B. S. Jackson,
J. Jeffries,
E. Palmer,
C. G. Putnam,
G. C. Shattuck,
C. H. Stedman,
A. A. Watson,
C. E. Ware,
J. Ware,
J. M. Warren.

Worcester.
H. A. Jewett,
J. G. Metcalf.

The Records of the adjourned meeting of the Councillors were read and approved.

The President announced that the name of Peter Parker, M.D., was on the list of nomination as a candidate for Honorary Fellowship. The Councillors proceeded to ballot, and Peter Parker, M.D., was unanimously elected an Honorary Member.

Dr. J. Bigelow, Chairman of the Committee appointed at the Annual Meeting, to consider and report on certain amendments of the By-Laws, reported the following:

"That the whole of page 1 of the By-Laws be stricken out, and the following substituted:

"Any person may be admitted a member of the Massachusetts Medical Society, who shall have passed a satisfactory examination before a Board of Censors, as to his credentials and personal and medical qualifications and character, and shall have signed the By-Laws. But any person having been graduated as Doctor of Medicine at Harvard University, or the Berkshire Medical Institution, shall, if otherwise qualified, be admitted without farther examination as to his medical attainments."

The Committee further recommend that the words, "also any person may," be added at the top of page 2d, and at the end of the middle paragraph on page 2d be added the words, "or before some competent examining body approved by them." Also the following additional paragraph: "No person shall hereafter be admitted a member of the Society who professes to cure diseases by Spiritualism, Homœopathy or Thomsonianism." Also that the following be substituted in place of the sixth By-law.

"Any Fellow whose dues have been paid or remitted, may, on written application and for satisfactory reasons, first examined and reported upon by a Committee, be allowed to withdraw from the Society by a vote of the Councillors."

Voted, "That the Report be received, and the amendments acted upon separately."

After some discussion, the amendments reported by the Committee were adopted.

The amendment to the sixth By-law was unanimously adopted.

Voted, "That the Report of the Committee as a whole be adopted, and the amendments be referred to the Society for final action."

Dr. H. P. Wakefield, Chairman of the Committee appointed at the Annual Meeting to consider and report upon the communication of Dr. Charles A. Davis, in regard to a suit brought against him for an infringement of Dr. Morton's patent for the use of Sulphuric Æther as an Anæsthetic, reported that a verdict had already been rendered in favor of the Plaintiff, and asked to be discharged from further service.

The Report was accepted and the request granted.

Dr. James R. Wood, of New York, was nominated as a candidate for Honorary Fellowship of the Society, by Dr. Thaddeus Phelps.

The meeting was dissolved.

JOHN B. ALLEY,
Recording Secretary.

February Meeting, 1860.

A Stated Meeting of the Councillors of the Mass. Medical Society was held on Wednesday, February 1, 1860, at the Rooms of the Society, No. 12 Temple Place, Boston.

The President in the Chair.

The following Councillors were present:—

Bristol North.	*Essex South.*	J. P. Jewett,
J. Gardner,	E. Hunt.	C. A. Savory,
T. Phelps.		J. Spaulding.
	Middlesex North.	
Essex North.	J. C. Dalton,	*Middlesex East.*
G. Coggswell,	D. A. Dow,	A. Chapin,
J. Spofford.	J. W. Graves,	B. Cutter,

H. P. Wakefield.

Middlesex South.
C. H. Allen,
J. Bartlett,
R. L. Hodgdon,
E. Warren,
S. Whitney.

Norfolk.
B. E. Cotting,
J. G. S. Hitchcock,
E. Jarvis,
E. Stone.

Suffolk.
J. Ayer,
J. B. Alley,
H. J. Bigelow,
J. Bigelow,
H. I. Bowditch,
G. Bartlett,
S. Cabot,
P. M. Crane,
W. E. Coale,
H. Dyer,
J. B. Forsyth,
C. Gordon,
A. A. Gould,
G. Hayward,
J. Homans,
J. B. S. Jackson,
J. Jeffries,
E. Palmer,
C. G. Putnam,
G. C. Shattuck,
C. H. Stedman,
N. B. Shurtleff,
D. H. Storer,
C. E. Ware,
J. Ware,
J. M. Warren.

Worcester North.
T. R. Boutelle. 50

The Record of the last Stated Meeting was read and approved.

The Chair nominated the following Standing Committees:

Committee on Treasurer's Accounts.

Dr. Silas Durkee, ...	Boston.
" Phineas M. Crane, ...	E. Boston.

Committee on the Library.

Dr. Nathaniel B. Shurtleff, . . .	Boston.
" Edward H. Clarke, . . .	Boston.

The Chair announced the nomination of Dr. Wood, of New York, as a candidate for Honorary Membership.

On motion of Dr. J. B. S. Jackson, of Boston,

Voted, "To postpone the balloting until the arrival of the gentleman who made the nomination."

On motion of Dr. J. Ware, of Boston,

Voted, "That the Reports on Zymotic Diseases from the several District Societies be referred to Dr. Benjamin Cutter, of Woburn, to digest and condense into one Report for the State."

On motion of Dr. Putnam, of Boston,

Voted, "That whenever the funds of the Society will admit, the Treasurer be authorized to purchase such numbers of the First, Second, Third and Fourth Parts of Copland's Dictionary, at the price of one dollar per copy, as he may

deem expedient, and the Librarian be authorized to furnish those Fellows who wish to complete their sets, with any of said Parts at one dollar per Part."

The Corresponding Secretary presented a tabulated analysis of the replies from eight District Societies, to the question "whether the Mass. Medical Society should hold all its Annual Meetings in Boston; and if not, what proportion should be held in other principal towns and cities of the Commonwealth," and stated that on account of his intended absence from the country, it would be left with the Recording Secretary to complete the work from further returns, and report at the Annual Meeting of the Councillors.

Voted, "That the Recording Secretary be authorized to issue certificates to the Delegates to the Meeting of the American Medical Association, at N. Haven, in June, 1860."

Dr. Jarvis, of Dorchester, presented the memorial of Drs. Luther V. Bell, D. Humphreys Storer, and Benoni Carpenter, praying to be indemnified for the expenses incurred in the suits brought by Dr. Barrows, and offered certain resolutions.

On motion of Dr. Coale,

Voted, "That the whole subject be referred to a Committee to report at the next Stated Meeting of the Councillors."

The Chair nominated

Drs.	Edward Jarvis, ...	Norfolk;
"	John Ware, ...	Suffolk;
"	Foster Hooper, . . .	Bristol;
"	Anson Hooker, ...	Middlesex;
"	Calvin P. Fiske, . . .	Worcester;

And they were appointed.

Dr. Bowditch offered the following preamble and resolutions:—

"Whereas, it appears that the Medical Profession of Great Britain is about to erect a monument in Westminster Abbey to the memory of John Hunter, and whereas the memory of such a man ought to be held in high reverence by American Physicians, and as we believe that a co-operation with Englishmen in such a cause is right, and will tend to promote

kindly feelings between the Medical Professions of England and America, thus really elevating both—therefore,

Resolved, "That a Committee of five be appointed to consider whether the Mass. Medical Society can do anything to assist towards the erection of said monument.

Resolved, "That if, on mature consideration, it be deemed best to take any action, said Committee have full powers to submit a plan of subscription for the purpose, and take such action as may be deemed necessary."

The resolutions were adopted, and the Chair appointed the following gentlemen on said Committee: — Drs. Bowditch, G. C. Shattuck and H. J. Bigelow, of Boston; Dr. Alfred Hitchcock, of Fitchburg, and Dr. Morrill Wyman, of Cambridge.

On motion of Dr. Cutter, of Woburn,

Voted, "To appoint a Committee to revise the nomenclature of the Blanks furnished for the Reports on the Zymoses."

The Chair appointed Drs. Cutter of Woburn, J. Ware of Boston, and M. Wyman of Cambridge.

The Committee on Resignations reported the names of the following Fellows, who having arrived at the age of sixty years and paid their dues, desire to become Retired Members.

Dr. Woodbridge Strong, . . .	Boston;
" John Porter, ...	Duxbury;
" Amasa Davis, ...	Three Rivers;
" George R. Nichols, . . .	Boston;
" Appleton Howe, . . .	S. Weymouth;
" John Renton, ...	Lynn;
" Dan King, ...	Taunton;
" Johnson Gardner, . . .	Pawtucket;

and recommend that their request be granted.

The Report was accepted.

The Treasurer read a letter from Dr. Edward Hitchcock, of Easthampton, requesting that his dues might be remitted and his name stricken from the roll of Fellows.

Voted, on motion of Dr. Chapin, "To refer the subject to the Treasurer, with full powers."

The Councillors proceeded to ballot on the nomination of Dr. Jas. R. Wood, of N. York, as a candidate for Honorary Membership, and Dr. Wood was elected an Honorary Member.

The meeting was dissolved.

JOHN B. ALLEY,
Recording Secretary.

BOARD OF TRIAL.

A Board of Trial met at Lowell on Wednesday, February 15th, 1860, and March 7th and 14th, 1860, to hear and try the following charges brought by three or more members of the Middlesex North District Medical Society against Dr. Daniel Parker Gage, of Lowell.

I. For furnishing in his own behalf a "false certificate of character and studies" to a student of medicine, the effect of which was to deceive the Medical Faculty of Harvard College, and thereby enable the said student to procure a graduation to which he was not entitled, and thus go forth and claim from the profession and the public all the honors and privileges that properly belong to a duly qualified graduate.

II. In visiting the patients of other physicians, in violation of the By-laws of the Middlesex North District Medical Society, and in disregard of all acknowledged rules touching this point in Medical Ethics, and taking exclusive charge of the same, after having produced such a degree of discontent and dissatisfaction as to cause the dismissal of the previously regular attending physicians.

III. In consulting with an irregular practitioner, a person, who, by his own professional irregularities, and by his

prominent relation to the irregular practitioners of Lowell and elsewhere, has done and continues to do serious injury to the general interests of the Medical Profession.

IV. In causing to be printed in a newspaper, then published in Lowell, to wit, "The Lowell Daily Advertiser," two advertisements, the first dated April 13, 1855, and signed "D. P. Gage, M.D., late Assistant Surgeon at Bellevue Hospital, N. Y.;" and the second, dated Sept. 25, 1856, signed "D. P. Gage, late Surgeon at Bellevue Hospital, N. Y.," both of which proving to be false and fraudulent in their character, were calculated to deceive and impose upon the public.

The Board was unanimously of the opinion that the first charge was partially substantiated, that the ticket was not correct as to the time spent in his office; but was not intentionally false as to character. That the second charge was not wholly substantiated, but that the conduct of Dr. Gage in assuming the charge, in one case, without notifying the physician in attendance, and in another case, interfering with the treatment of the patient, in the absence of the attending physicians, was improper and unprofessional; but it does not appear that the charge of obtaining the patients of other physicians after producing dissatisfaction, was substantiated. That the third charge was fully established, both by the evidence and the confession of Dr. Gage, but with the following mitigating circumstances—that Dr. Gage did not understand the position of the irregular practitioner, and knew that other practitioners were in the habit of consulting with him, and expressed his regret and intention not to repeat the offence. That the fourth charge was fully substantiated, also mitigated by the fact, that the advertisement was in the Lowell Advertiser at the time of his admission, and well known to some of the members of the District Society.

Voted, "That though in the opinion of the Board the above charges have been partially or fully substantiated, yet it is not considered advisable to inflict the severest punishment within the power of the Commissioners, in consequence of the mitigating circumstances above mentioned.

Voted, "That the conduct of Dr. Daniel Parker Gage has been highly reprehensible, and that he deserves and hereby receives the censure of this Board.

JOHN B. ALLEY,
Secretary of the Board of Trial.

Annual Meeting, May 29, 1860.

The Annual Meeting of the Councillors was held May 29, 1860, at No. 12 Temple place, at 7 1-2 o'clock.

The President in the Chair.

The following Councillors were present:—

Berkshire.
H. H. Childs.

Bristol North.
J. Gardner,
B. Carpenter.

Bristol South.
W. A. Gordon,
F. Hooper,
A. Mackie.

Essex North.
E. Cross,
M. Root,
J. Spofford.

Essex South.
E. Hunt,
J. M. Nye,
A. Torrey.

Hampden.
T. L. Chapman.

Middlesex North.
J. W. Graves,
G. Kimball,
C. A. Savory.

Middlesex East.
A. Chapin,
H. P. Wakefield.

Middlesex South.
J. Bartlett,
J. Hayes,
J. Russell,
A. C. Webber,
S. Whitney.

Norfolk.
B. Cushing,
J. G. S. Hitchcock,
C. C. Holmes.

Plymouth.
C. B. Pratt,
A. Millett.

Suffolk.
J. Ayer,
J. B. Alley,
G. Bartlett,
J. Bigelow,
H. J. Bigelow,
H. I. Bowditch,
S. Cabot, Jr.,
H. G. Clark,
P. M. Crane,
W. J. Dale,
S. Durkee,
H. Dyer,
J. Flint,
J. B. Forsyth,
C. Gordon,
A. A. Gould,
G. Hayward,
J. Homans,
J. B. S. Jackson,
J. Jeffries,
E. Palmer,
C. G. Putnam,
G. C. Shattuck,

N. B. Shurtleff,	A. A. Watson.	J. Sargent,
D. H. Storer,	*Worcester.*	W. Workman.
J. Ware,	H. A. Jewett,	
C. E. Ware,	E. Lovell,	*Worcester North.*
J. M. Warren,	C. Martin,	I. P. Willis. 63

The Records of the last Annual Meeting were read.

The Secretary read the list of Members who have joined the Society since the last Annual Meeting, and the list of deceased Fellows.

The Treasurer's Annual Report was read and accepted.

The Reports of the Auditing Committee, and the Committee on the Library, were read and accepted.

The Committee on Resignations reported the following Fellows as having arrived at the age of sixty, and having paid all dues, and expressed a desire to become Retired Members:—

Dr. E. A. Holman,	Harvard;
" Jehiel Abbott,	Westfield;
" E. P. Fearing,	Nantucket;
" George Moody,	Georgetown;
" J. M. Whittemore,	Brighton;
" Paul Spooner,	N. Bedford;
" Jonas H. Lane,	Boston;
" Bowen Barker,	Hanson;
" Daniel Swan,	Medford;

And recommended that their request be granted.

The Report was accepted.

The Secretary reported that the Berkshire and Middlesex North District Medical Societies had exceeded the number of Councillors allowed by the By-laws.

After some discussion, the following resolution, offered by Dr. J. Ware, was adopted:—

Resolved, "That a Committee be appointed to consider the expediency and practicability of providing that the District Societies shall have the power, under definite regulations, of electing substitutes for their Councillors."

The Chair nominated Drs. J. Ware and J. Bigelow, of Boston, and F. Hooper, of Fall River, and they were appointed:—

Voted, "That a Committee of one from each Medical District be appointed to nominate officers for the ensuing year."

The Chair nominated the following Fellows, and they were appointed:—

Barnstable,	———
Berkshire,	H. H. Childs.
Bristol North,	J. Gardner.
Bristol South,	F. Hooper.
Essex North,	J. Spofford.
Essex South,	E. Hunt.
Franklin,	———
Hampden,	T. L. Chapman.
Hampshire,	———
Middlesex North,	J. W. Graves.
Middlesex East,	A. Chapin.
Middlesex South,	S. Whitney.
Norfolk,	C. C. Holmes.
Plymouth,	C. B. Pratt.
Suffolk,	S. Durkee.
Worcester,	W. Workman.
Worcester North,	———

The Committee reported the following candidates:—

Dr. John Homans, Boston,	*President.*
" John G. Metcalf, Mendon,	*Vice President.*
" Benjamin E. Cotting, Roxbury,	*Cor. Secretary.*
" John B. Alley, Boston,	*Rec. Secretary.*
" Augustus A. Gould, Boston,	*Treasurer.*
" William E. Coale, Boston,	*Librarian.*

The Chair appointed Drs. Charles Gordon, of Boston, and Charles A. Savory, of Lowell, Scrutineers, who subsequently reported that the candidates nominated by the Committee were elected.

The Recording Secretary, in the absence of the Corresponding Secretary, read the following report, on a motion passed at the last Annual Meeting, "That the Corresponding Secretary be requested to communicate with each

District Medical Society, in regard to the appointment of the place for holding the Annual Meeting of the Society, and request each Society to instruct its Councillors thereon " :—

"Returns have been received from sixteen District Societies.

Seven—viz., Barnstable, Essex North, Essex South, Hampshire, Middlesex South, Plymouth, Suffolk, voted to have all the Annual Meetings held in Boston.

One—Bristol South, voted to have them "very generally" in Boston.

Five—Franklin, Middlesex East, Middlesex North, Norfolk, Worcester North, voted to have them held in the country once in four years.

One—Worcester, voted not to have all in Boston, by a decisive vote—five yeas, fifteen nays, ; and five of the negative votes were for holding the Meetings in the country once in three years.

One—Hampden, voted to have the majority of Meetings held in Boston, and in the country only when some exceptionable circumstances make it desirable.

One—Berkshire, voted "to have the Meetings held in different parts of the State, from year to year."

Bristol North, has not returned an answer.

Voted, "To appoint Boston as the place for holding the next Annual Meeting."

The Committee on Nominations reported the following candidates for the next Anniversary Meeting:—

Anniversary Chairman.

Henry J. Bigelow, M.D. . . . Boston.

Orator.

Gilman Kimball, M.D. . . . . Lowell.

Committee of Arrangements.

Drs. William E. Coale, Francis Minot,
Samuel Cabot, Charles E. Buckingham,
Algernon Coolidge.

And they were appointed.

Invitations were read from Dr. J. Mason Warren to visit the Warren Museum of Natural History; the Government of the Natural History Society, to visit the Museum of Natu-

ral History; and the Curator of the Warren Anatomical Museum, to visit said Museum.

The petition of P. P. Campbell, of Lowell, for restoration to Fellowship, was granted.

The nomination of Dr. Ashbel Woodward, of Franklin, Conn., as an Honorary Member of the Society, was made by Dr. Ebenezer Alden, of Randolph.

A communication from the Executive Committee of the National Quarantine and Sanitary Convention was read, inviting the Society to send delegates to the Meeting of the Convention to be held in the city of Boston, June 14, 1860.

Voted, "To authorize the President to appoint seven delegates to attend said Convention."

Dr. Bowditch, from the Committee on the Hunterian Memorial, made a verbal report, stating that the Committee had obtained some subscriptions, and that so far the results had been satisfactory.

Voted, "That the Committee be requested to present the Circular to-morrow, at the Annual Meeting of the Fellows."

The following amendments of the By-laws were unanimously adopted, and recommended to the Society for concurrent action:—

Article 3d. "Candidates for election as Honorary Members of the Society shall be nominated to the Councillors at a Stated Meeting by two or more Fellows, and said nomination shall be referred to the Committee on Membership and Resignations, who shall report at the next Stated Meeting. The affirmative votes of two-thirds of the Councillors present shall be necessary to elect any candidate."

Article 14th. (Last clause.) "A copy of every such discourse shall be deposited with the Recording Secretary within ten days after it has been delivered."

Rules and Orders of the Councillors, Article I., First clause. "A publication shall be issued annually, under the direction of the Committee on Publications, the Treasurer and the Secretary of the Society, as early as may be after the Annual Meeting."

Dr. Ware read the Report of the Committee appointed at the February Meeting on the Memorial of Drs. Carpenter, Bell and Storer, praying the Society to indemnify them the expenses of the suits brought against them by Dr. I. Barrows, recommending that the Society assume the payment of the expenses of the several suits, and hold the memorialists harmless from all pecuniary liabilities growing out of them —that a loan for a sum to be determined by the Committee on Finance be immediately raised, upon the credit of the Society, with a provision that the same may be repaid by instalments, either at definite periods, or at such times as the Treasurer shall have funds in his possession applicable to the purpose.

On motion of Dr. Foster Hooper,

Voted, "That the Treasurer be authorized to negotiate a loan."

Voted, "That the means for liquidating the debt be referred to the Committee on Finance."

A communication from the Middlesex North District Medical Society was read, containing the following resolution:—

Resolved, "That the question of voting by proxy in District Meetings be referred to the next Meeting of the Councillors of the Mass. Medical Society for their decision; and that they be requested to obtain a legal opinion on the same, and report to this Society before the last Wednesday of June."

Voted, "That when this Meeting of the Councillors is adjourned, it shall be adjourned to meet on Wednesday, May 30th, at 9 o'clock A.M., at the same place."

The Chair nominated the following Standing Committees for the ensuing year:—

Committee on Publications.

Drs. C. G. Putnam, Charles Gordon, W. W. Morland.

Committee on Membership and Resignations.

Drs. A. A. Gould, N. B. Shurtleff, James Ayer.

Committee on Finance.

Drs. S. D. Townsend, John Ware, Jacob Hayes.

And they were chosen.

An invitation was received from the President, inviting the Councillors to a social meeting at his residence immediately after the adjournment.

Voted to adjourn.

JOHN B. ALLEY,
Recording Secretary.

ADJOURNED MEETING, MAY 30, 1860.

An adjourned meeting of the Councillors was held on Wednesday, May 30, 1860, at 9 o'clock, A.M., at the Society's Room.

On motion of Dr Putnam, of Boston,

Voted, "To dispense with the reading of the Record of the last meeting."

A communication was read from the Committee of the American Medical Association, requesting the aid of the Councillors in furtherance of the Memorial of the Association which has been sent to the Legislature of Massachusetts, on the subject of the increased frequency of criminal abortion.

Voted, "To refer the communication to a Special Committee."

The Chair nominated Drs. C. G. Putnam, N. B. Shurtleff and H. R. Storer,

And they were appointed.

Some discussion ensued upon the resolution of the Middlesex North District Medical Society, in regard to the use of proxies; when, on motion of Dr. Shurtleff, of Boston, the subject was indefinitely postponed.

On motion of Dr. F. Hooper, of Fall River,

Voted, "To repeal the Sixteenth Section of the By-laws, which authorizes the use of proxies."

Voted, "That the Secretaries be authorized to print an edition of the By-laws."

Dr. Chapin presented the Report of the Committee on Zymotic Diseases, which was accepted.

Dr. Ware, from the Committee on the expediency and practicability of providing that the Districts shall have the power, under definite regulations, of electing substitutes for their Councillors, reported that it is inexpedient to make any change.

The Report was accepted.

The meeting was dissolved.

JOHN B. ALLEY,
Recording Secretary.

PROCEEDINGS OF THE SOCIETY.

ANNUAL MEETING.

May 30, 1860.

The Annual Meeting of the Mass. Medical Society was held in the Hall of the Lowell Institute, Boston, on Wednesday, May 30, 1860, at 10, A.M.

The President, Dr. John Homans, in the Chair.

The Recording Secretary read the Records of the last Annual Meeting, the names of Members who have signed the By-laws since the last Meeting, and the list of deceased Fellows.

Fellows admitted during the year.

Peter Parker,	Washington.
James R. Wood,	N. York.
A. N. Allen,	Pittsfield.
Joseph S. Ames,	Holden.
Joseph W. Barker,	Easthampton.
Edward F. Barnes,	Marlboro'.
Bowman B. Breed,	Lynn.
Horace Chapin,	Fairmount.
Charles F. Crehore,	Boston.
John Dean,	"
Oscar C. DeWolf,	Pittsfield.
John O. Dow,	Harvard.
John O. French,	Hanover.
Henry H. Fuller,	Lancaster.
Jonathan W. Goodell,	Greenwich.

Harry J. Harwood,	Lowell.
J. Theodore Heard,	Boston.
Peter E. Hubon,	Worcester.
Samuel H. Hurd,	Charlestown.
Thomas H. Haskins,	Boston.
Moses W. Kidder,	Lowell.
J. H. Manning,	Pittsfield.
George N. Maunsell,	Harwich.
George H. Nichols,	Boston.
John T. G. Nichols,	Cambridge.
Daniel C. Perkins,	South Danvers.
John W. Persons,	Lowell.
Harlin H. Pillsbury,	"
Robert Provan,	Boston.
J. Henry Robinson,	Southboro'.
John Ryan,	Charlestown.
John W. Sawyer,	Boston.
Henry L. Shaw,	"
L. R. Sheldon,	"
John Stearns, Jr.,	"
Francis J. Stevens,	Haverhill.
Henry P. Stearns,	Marlboro'.
Samuel H. Towle,	Haverhill.
John E. Tyler,	Somerville.
Charles Warren,	Charlestown.
Samuel White,	Springfield.
Whitman B. White,	Stockbridge.
John Wilter,	Brimfield.
Peter Prius,	Lowell.

The Treasurer read his Annual Report.

The Report of the Auditing Committee was read and accepted.

Dr. C. C. Holmes, of Milton, offered the following resolution, which was unanimously adopted.

Resolved, "That a Committee of five be appointed to propose what action, if any, is proper on the part of this Society respecting the disease now prevailing among the cattle in this Commonwealth, and that the Committee be instructed to report at the earliest moment practicable."

The Chair nominated Drs. H. I. Bowditch of Boston, J. Sargent of Worcester, J. G. Metcalf of Mendon, S. Whitney of Framingham, and C. C. Holmes of Milton.

And they were elected.

The Committee on Scientific Communications reported that the following communications would be presented to the Society at this Meeting.

I. Some remarks on Neuroma, with a brief account of three cases of anomalous cutaneous tumors in one family, illustrated by photographs; by Alfred Hitchcock, of Fitchburg.

II. Report on the Zymoses of the Middlesex East District, for 1859, with a diagram, by Dr. Ephraim Cutter, of Woburn.

III. Report upon the subject of vaccination under the direction of the Middlesex East District Society, by Dr. A. Chapin, of Winchester.

The above communications were severally presented.

The President stated "that a Memorial was presented to the Councillors at the Stated Meeting in February, 1860, by Drs. B. Carpenter, Luther V. Bell and D. Humphreys Storer, praying the Society to indemnify them the expenses incurred in connection with the suits brought by Dr. Ira Barrows against them."

The Memorial was referred to a Committee of five, who had examined all the facts necessary for the judgment of the Councillors, and recommended the adoption of the following resolutions:—

Resolved, "That the Society assume the payment of the expenses of the several suits brought by Dr. Ira Barrows against Drs. B. Carpenter, L. V. Bell and D. H. Storer, and hold the memorialists harmless from all pecuniary liabilities growing out of them."

Resolved, "That the Treasurer be, and hereby is authorized to negotiate a loan for the payment of said expenses, under the direction of the Committee on Finance."

The resolutions had been unanimously adopted by the Councillors, and it was voted to recommend their adoption by the Society.

The resolutions were adopted, *nem. con.*

On motion of Dr. John Ware, it was voted that when this meeting is adjourned, it shall be adjourned to Thursday, May 31, 1860, at 10, A.M., at the Society's Hall in Temple Place.

Dr. Bowditch, of Boston, from the Committee appointed to propose what action is proper on the part of the Society in regard to the disease of cattle in the Commonwealth, reported the following preamble and resolutions, which were unanimously adopted:—

"Whereas a disease, the nature of which is not well understood, and the treatment of which has been to a remarkable degree unsuccessful, is now prevailing among cattle in this Commonwealth, and whereas the Legislature is this day convened to consider this specific object, therefore,

Resolved, "That a Committee of nine from the Mass. Medical Society be appointed by the Chair, to urge upon the Legislature the establishment of a Scientific Commission to investigate said disease."

The Chair appointed Drs. J. Bigelow, George Hayward, H. I. Bowditch and J. B. S. Jackson, of Boston; O. Martin, of Worcester; J. C. Bartlett, of Chelmsford; J. Gardner, of Pawtucket; C. P. Fiske, of Sturbridge; and J. G. Metcalf, of Mendon.

The Chair nominated the following Committee on Scientific Communications for the ensuing year:—

Drs. John G. Metcalf, of Mendon; H. I. Bowditch, of Boston; and George Choate, of Salem,

And they were appointed,

At 1, P.M., Dr. Oliver Wendell Holmes delivered the Annual Address.

Voted, that the thanks of the Society be given to Dr. Holmes for his eloquent and interesting discourse.

The meeting was adjourned.

JOHN B. ALLEY,
Recording Secretary.

At 2 1-4, P.M., the Fellows formed in procession, under the direction of Dr. Samuel A. Green, Chief Marshal, assisted by Drs. Z. Boylston Adams, Henry K. Oliver, B. Joy Jeffries, J. Theodore Heard and Charles F. Crehore, and proceeded to Faneuil Hall to dine. The number present was about four hundred and fifty. The divine blessing was invoked by Rev. Rufus Ellis, of Boston, and after the repast, the Fellows were welcomed by the Anniversary Chairman, D. Humphreys Storer, M.D., as follows:—

"Welcome, Fellows of the Massachusetts Medical Society. Welcome to this annual festival. Let us forget, for the passing hour, our professional responsibilities, and devote it to social intercourse. Let our meeting be, what a meeting of old and tried friends should be, replete with gratitude and hope; *gratitude*, that our beloved Institution should have existed for so long a period, constantly increasing in strength and usefulness; *hope*, that its future career may be more brilliant than its past.

"With the history of our Society you must all be familiar—with its early struggles, its gradual growth, its final success. At no previous period have its members been more numerous; never has there existed a more honorable intercourse between them than at the present time. Since our last annual meeting, no pestilence has swept through our ranks; but few are the links which are missed from the chain.

"We see the same cheerful countenances—we feel the same cordial grasp, which have heretofore greeted us—and, thank Heaven, he is still spared to us, an exemplar, and councillor and friend, whom we all honor, whom we all love! Joyous, indeed, then, must be our Thanksgiving day! Most hearty must be our mutual congratulations!"

Appropriate sentiments were offered by the Chairman, and severally responded to by the President of the Society, the Orator and Chaplain of the day, His Honor Chief Justice Shaw, Drs. C. P. Fiske, J. Bigelow, E. Reynolds, U. Parsons of Providence, R. I., W. Channing, C. Walker, and Dr. Noyes from Connecticut. At 5 1-2, P.M., the meeting was dissolved.

Adjourned Meeting of the Society,

May 31, 1860.

An adjourned meeting of the Fellows of the Mass. Medical Society was held at the Society's Room in Temple Place, on Thursday, May 31, 1860, at 10, A.M.

The President in the Chair.

The Records of the Annual Meeting were read by the Secretary.

The Secretary stated that the following amendments of the By-laws had been adopted by the Councillors, and referred to the Society for final action. (*Vide* pp. 128, 129, 139.)

The proposed amendments were adopted by the Society, and have become part of its By-laws.

Dr. Lyman, of Boston, offered the following resolution, which was unanimously adopted.

Resolved, "That the President be requested to present the following amendment to the By-laws at the next meeting of the Councillors.

"Every applicant for admission into the Society shall be required to notify, in writing, the Secretary of the Board of Censors of the District in which he resides, of his intentions, at least two months before their meeting."

Voted, "That when this meeting is adjourned, it shall be adjourned to meet in Boston, on the first Wednesday in October next, at 12 o'clock, M."

Some discussion ensued in regard to the Annual Address, when the following resolution, offered by Dr. Childs, of Pittsfield, was adopted by a vote of nine in the affirmative and seven in the negative:—

Resolved, "That the Society disclaim all responsibility for the sentiments contained in this Annual Address."

Voted to adjourn.

JOHN B. ALLEY,
Recording Secretary.

Dr. Massachusetts Medical Society in Account with Augustus A. Gould, Treasurer. Cr.

District Societies:	Barnstable,	$12	
	Bristol North,	48	
	Bristol South,	54	
	Essex South,	60	
	Franklin,	96	
	Hampden,	105	
	Hampshire,	78	
	Middlesex East,	54	
	Middlesex North,	99	
	Middlesex South,	245	
	Norfolk,	87	
	Plymouth,	33	
	Worcester North,	56	
	Suffolk,	330	
			1,357.00
Annual Meeting,			507.77
Sundries — by Treasurer,			809 00
Prize Dissertation, J. Homans,			100.00
Income Fund — General,		618.92	
	Shattuck,	504.18	
			1,123.10
Rents — Medical Improvement Society,		268.15	
	Suffolk District Society,	143.62	
	College of Pharmacy,	110.50	
	Medical Observation Society,	36.50	
			558.77
Library — Sale of Books,			15.00
Balance due Treasurer,			755.16
		Totals,	$5,225.80

AUGUSTUS A. GOULD, Treas.

Balance due Treasurer,			$131.36
Prize Dissertation, D. D. Slade,			100.00
Annual Dinner, J. B. Smith,			600.00
Publications — Braithwaite's Retrospect,		880.20	
	Copland's Dictionary,	804.00	
	Annual Publication, &c.	200.00	
			1,884.20
Rent and Taxes,			575.44
	Repairs,	5.00	
	Janitor,	54 00	
	Annual Meeting,	5.00	
	Gas Bill,	9.50	
			73.50
Notes Payable — H. W. Williams, 100. Int. 15 38,		115.38	
	Gould & Lincoln, 600. " 104.99,	704.90	
	A. A. Gould, Interest,	20.00	
			840.28
Refunded:	Barnstable,	4.50	
	Bristol North,	30.00	
	Bristol South,	15.75	
	Franklin,	29.50	
	Hampden,	48.00	
	Hampshire,	35.75	
	Essex South,	36.75	
	Middlesex East,	13.50	
	Middlesex North,	32.25	
	Middlesex South,	101.75	
	Norfolk,	45.41	
	Plymouth,	9.75	
	Suffolk,	143.62	
	Worcester North,	34.25	
			581.78
Commissions — District Treasurers,		58.78	
	Paid by Treasurer,	19.93	78.71
Commissioners' Trial, Lowell,			38.30
Incidentals — Advertising,		1.25	
	Postages,	8.10	
	Stationery, &c.	4.63	
	Copying Records,	8.25	22.23
Treasurer's Salary,			300.00
		Totals,	$5,225.80

1860, May 28. Balance to new account, $755.16.

Officers of the Massachusetts Medical Society.

1860—61.

Chosen May 29, 1860.

JOHN HOMANS, ... Boston, ... President.
JOHN G. METCALF, . . Mendon, ... Vice-President.
BENJAMIN E. COTTING, Roxbury, . . . Cor. Secretary.
JOHN B. ALLEY, ... Boston, ... Rec. Secretary.
WILLIAM E. COALE, . . Boston, ... Librarian.
AUGUSTUS A. GOULD, . Boston, ... Treasurer.

Vice-Presidents (Ex-officiis.)

[Arranged according to Seniority]

Paul L. Nichols.
Ebenezer Stone.
Simon Whitney.
Augustus Torrey.
Benjamin Cutter.
Jonas A. Marshall.
John B. S. Jackson.
Henry Ferre.
Charles M. Duncan.
Israel H. Taylor.
George W. Doane.
P. Le Breton Stickney.
Robert T. Davis.
Charles Howe.
Charles A. Savory.
Stephen Huse.
Oramel Martin.

Councillors.

Barnstable. — Drs. Franklin Dodge, Harwich; Samuel H. Gould, Brewster; Elijah W. Carpenter, Chatham; John Harpur, Sandwich.

Berkshire.— Drs. Lucius S. Adams, Stockbridge; Nathan S. Babbitt, North Adams; Henry H. Childs, Pittsfield; Clifford C. Holcombe, Lee; Abner M. Smith, Pittsfield.

Bristol North. — Drs. Benoni Carpenter, Attleboro'; Johnson Gardner, Pawtucket; Thaddeus Phelps, Attleboro'; Charles P. Talbot, Dighton.

Bristol South. — Drs. William W. Comstock, Middleboro'; Robert T. Davis, Fall River; William A. Gordon, New Bedford; Foster Hooper, Fall River; Andrew Mackie, New Bedford.

Essex North. — Drs. William H. Burleigh, Lawrence; George Cogswell, Bradford; Enoch Cross, Newburyport; Martin Root, Byfield; Jeremiah Spofford, Groveland.

Essex South. — Drs. Benjamin Cox, Jr., Salem; Benjamin Haskell, Rockport; Ebenezer Hunt, Danvers; James M. Nye, Lynn; Edward B. Peirson, Salem; Augustus Torrey, Beverly.

Franklin. — Drs. Stephen Bates, Charlemont; Charles P. Lyons, Coleraine; John W. D. Osgood, Greenfield; Elijah Stratton, Northfield.

Hampden. — Drs. Cyrus Bell, Agawam; William G. Breck, Springfield; Thomas L. Chapman, Longmeadow; A. S. McLean, Springfield.

Hampshire. — Drs. Franklin Bonney, Hadley; Samuel A. Fisk, Northampton; Benjamin F. Smith, Amherst.

Middlesex North. — Drs. John C. Bartlett, Chelmsford; Darius A. Dow, Westford; J. Q. A. McCollester, Groton Junction; Miles Spaulding, Groton; John W. Graves, Gilman Kimball, Luther B. Morse, Harlin Pillsbury, Charles A. Savory, Lowell.

Middlesex East. — Drs. Alonzo Chapin, Winchester; Benjamin Cutter, Woburn; Moses Parker, Melrose; Horace P. Wakefield, Reading.

Middlesex South. — Drs. Josiah Bartlett, Concord; Luther V. Bell, Charlestown; Jonas C. Harris, Ashland; Jacob Hayes, Charlestown; Otis E. Hunt, Weston; Charles C. Jewett, Holliston; Theodore Kittredge, Waltham; John W. Osgood, Saxonville; Ira Russell, Natick; John L. Sullivan, Malden; Simon Whitney, Framingham; A. Carter Webber, Morrill Wyman, Cambridge.

Norfolk. — Drs. Benjamin E. Cotting, Roxbury, *Cor. Secretary;* Benjamin Cushing, Dorchester; Joseph G. S. Hitchcock, Foxboro'; Christopher C. Holmes, Milton; Edward Jarvis, Dorchester; Benjamin Mann, Roxbury; A. Le B. Monroe, Medway; Josiah Noyes, Needham.

Plymouth. — Drs. Asa Millet, Abington; Calvin B. Pratt, Bridgewater; James Wilde, Duxbury.

Suffolk. — Drs. Jacob Bigelow; George Hayward; John Ware; JOHN HOMANS, *President;* John Jeffries; D. Humphreys Storer; John Flint; Charles G. Putnam; Henry Dyer; Abraham A. Watson; Augustus A. Gould, *Treasurer;* William J. Dale; Ezra Palmer, Jr.; George Bartlett; John B. S. Jackson; Nathaniel B. Shurtleff; Charles Gordon; Henry G. Clark; Henry I. Bowditch; J. Mason Warren; Charles H. Stedman; George C. Shattuck; James B. Forsyth, Chelsea; Charles E. Ware; Phineas M. Crane, East Boston; Samuel Cabot, Jr.; James Ayer; Silas Durkee; William E. Coale, *Librarian;* Henry J. Bigelow; John B. Alley, *Recording Secretary.*

Worcester. — Drs. Rowse R. Clark, Whitinsville; Henry A. Jewett, Northboro'; Ephraim Lovell, West Boylston; John G. Metcalf, *Vice-President,* Mendon; Oramel Martin, Joseph Sargent, William Workman, Worcester; Edward M. Wheeler, Spencer.

Worcester North. — Drs. Leonard French, Ashby; Alvah Godding, Winchendon; Jonas A. Marshall, Fitchburg; Isaac P. Willis, Royalston.

Censors.

Barnstable. — Drs. Samuel H. Gould, Brewster; John Harpur, Sandwich; Freeman H. Jenkins, West Barnstable; George Shove, Yarmouth Port; John M. Smith, Barnstable.

Berkshire. — Drs. Oliver E. Brewster, Frank A. Cady, Pittsfield; C. T. Collins, Great Barrington; J. B. Whiting, Lee.

Bristol North. — Drs. Johnson Gardner, Pawtucket; Joseph Murphy, Joseph D. Nichols, Taunton.

Bristol South. — Drs. Aaron Cornish, John H. Mackie, New Bedford; Perez F. Doggett, Wareham; Jerome Dwelley, Fall River; Joseph Haskell, Rochester.

Essex North. — Drs. Oliver S. Lovejoy, Haverhill; Dean Robinson, West Newbury; Seneca Sargent, Lawrence; Jeremiah H. Sawyer, Newburyport; Jeremiah Spofford, Groveland.

Essex South. — Drs. George A. Perkins, H. Osgood Stone, and Henry Wheatland, Salem.

Franklin — Drs. Adams C. Deane, Greenfield; Humphrey Gould, Rowe; Gardner C. Hill, Warwick.

Hampden. — Drs. Nathan Adams, Alfred Lambert, George A. Otis, Springfield; William M. Trow, Haydensville.

Hampshire. — Drs. Cyrus N. Chamberlain and Horatio Thompson, Northampton.

Middlesex North. — Drs. Nathan Allen, Elisha Huntington, Ira L. Moore, Lowell; Hezekiah C. Bickford, Billerica; Edward A. Perkins, Tyngsboro'.

Middlelsex East. — Drs. Ephraim Cutter, Woburn; William Ingalls, Winchester; Horace P. Wakefield, Reading.

Middlesex South. — Drs. Horatio Adams, Waltham; Moses Clark, East Cambridge; Morrill Wyman, Cambridge.

Norfolk. — Drs. Ebenezer P. Burgess, Dedham; D. Wayland Jones, Medfield; Erasmus D. Miller, Dorchester; Joel Seaverns, Jamaica Plains; Simeon Tucker, Stoughton.

Plymouth. — Drs. Josiah S. Hammond, Plympton; Asa Millett, Abington; Samuel A. Orr, East Bridgewater.

Suffolk. — Drs. William E. Coale, Charles D. Homans, Francis Minot, William W. Morland, and Henry W. Williams, Boston.

Worcester. — Drs. Rowse B. Clarke, Whitinsville; Henry Clarke, Thomas H. Gage, Rufus Woodward, Worcester; Frederick A. Sawyer, Sterling.

Worcester North. — Drs. Alfred Hitchcock, Fitchburg; Alfred Miller, Ashburnham; Clinton Warner, Westminster; Jonathan A. White, Baldwinsville; Edward J. Sawyer, Gardner.

Commissioners of Trials.

Barnstable . . .	Jonathan Leonard, . . .	Sandwich.
Berkshire	Henry H. Childs, . . .	Pittsfield.
Bristol North .	Benoni Carpenter, . . .	Attleboro'.
Bristol South . .	Aaron Cornish, . . .	New Bedford.
Essex North . .	Jeremiah Spofford, . . .	Groveland.
Essex South . .	George Choate, . . .	Salem.
Franklin . . .	Royall N. Porter, . . .	Deerfield.

Hampden	Nathan Adams, ...	Springfield.
Hampshire . . .	Daniel Thompson, ...	Northampton.
Middlesex North	John O. Green, ...	Lowell.
Middlesex East .	Alonzo Chapin, ...	Winchester.
Middlesex South	Anson Hooker, ...	E. Cambridge.
Norfolk	Ebenezer Alden, ...	Randolph.
Plymouth	Timothy Gordon, ...	Plymouth.
Suffolk	Silas Durkee, ...	Boston.
Worcester . . .	William Workman, . . .	Worcester.
Worcester North	Alvah Godding, ...	Winchendon.

Officers of the District Medical Societies.

Barnstable. — Dr. George W. Doane, Hyannis, *President;* Dr. John M. Smith, Barnstable, *Vice-President;* Dr. George N. Munsell, Harwich, *Secretary;* Dr. Elijah W. Carpenter, Chatham, *Treasurer and Librarian.*

Berkshire. — Dr. Henry Ferre, Dalton, *President;* Dr. Timothy Childs, Pittsfield, *Vice-President;* Dr. J. B. Whiting, Lee, *Secretary;* Dr. Oliver E. Brewster, Lee, *Treasurer.*

Bristol North. — Dr. Charles Howe, Raynham, *President;* Dr. John R. Bronson, Attleboro', *Vice-President;* Dr. John R. Bronson, Attleboro', *Secretary pro tempore;* Drs. John B. Chase, Taunton, and Thaddeus Phelps, Attleboro', *Librarians.*

Bristol South. — Dr. Robert T. Davis, Fall River, *President;* Dr. William W. Comstock, Middleboro', *Vice-President;* Dr. John H. Mackie, New Bedford, *Secretary;* Dr. Frederick H. Hooper, New Bedford, *Treasurer and Librarian.*

Essex North. — Dr. Stephen Huse, Methuen, *President;* Dr. Kendall Flint, Haverhill, *Vice-President;* Dr. Martin Root, Byfield, *Secretary and Treasurer;* Dr. William Coggswell, Bradford, *Librarian.*

Essex South. — Dr. Augustus Torrey, Beverly, *President;* Dr. Benjamin Cox, Jr. Salem, *Vice-President;* Dr. Richard H. Wheatland, Salem, *Treasurer;* Dr. Frederick Winsor, Salem, *Secretary;* Dr. Lincoln R. Stone, Salem, *Librarian.*

Franklin. — Dr. Charles M. Duncan, Shelburne, *President;* Dr. Edward Barton, Orange, *Vice-President;* Dr. Charles T. Lyons, Coleraine, *Secretary, Treasurer and Librarian.*

Hampden. — Dr. P. Le Breton Stickney, Chicopee, *President;* Dr. David P. Smith, Springfield, *Vice-President;* Dr. George A. Otis, Springfield, *Secretary, Treasurer and Librarian.*

Hampshire. — Dr. Israel H. Taylor, Pelham, *President;* Dr. James Dunlap, Northampton, *Vice-President;* Dr. Samuel A. Fisk, Northampton, *Secretary;* Dr. Artemas Bell, Southampton, *Treasurer.*

Middlesex North. — Dr. Charles A. Savory, Lowell, *President;* Dr. Jonathan Brown, Tewksbury, *Vice-President;* Dr. Harlin H. Pillsbury, Lowell, *Secretary;* Dr. Nathaniel B. Edwards, North Chelmsford, *Treasurer;* Dr. Moses W. Kidder, Lowell, *Librarian.*

Middlesex East. — Dr. Benjamin Cutter, Woburn, *President;* Dr. S. Watson Drew, Woburn, *Vice-President;* Dr. Ephraim Cutter, Woburn, *Secretary;* Dr. Benjamin Cutter, Woburn, *Treasurer and Librarian.*

Middlesex South. — Dr. Simon Whitney, Framingham, *President;* Dr. W. W. Wellington, Cambridge, *Vice-President;* Dr. Charles H. Allen, Cambridgeport, *Secretary;* Dr. Royal S. Warren, Waltham, *Treasurer.*

Norfolk. — Dr. Ebenezer Stone, Walpole, *President;* Dr. A. Le Baron Monroe, Medway, *Vice-President;* Dr. Edward Jarvis, Dorchester, *Secretary;* Dr. Danforth P. Wight, Dedham, *Treasurer;* Dr. David S. Fogg, South Dedham, *Librarian.*

Plymouth. — Dr. Paul L. Nichols, Kingston, *President;* Dr. Winslow Warren, Plymouth, *Vice-President;* Dr. Henry N. Jones, Kingston, *Secretary and Treasurer;* Dr. Francis Collamore, Pembroke, *Librarian.*

Suffolk. — Dr. John B. S. Jackson, Boston, *President;* Dr. Charles E. Buckingham, Boston, *Vice-President;* Dr. Calvin E. Page, Boston, *Secretary;* Dr. Francis Minot, Boston, *Treasurer;* Dr. James C. White, Boston, *Librarian.*

Worcester. — Dr. Oramel Martin, Worcester, *President;* Dr. Calvin P. Fiske, Fiskedale, *Vice-President;* Dr. Thomas H. Gage, Worcester, *Secretary;* Dr. J. Marcus Rice, Worcester, *Treasurer;* Dr. Samuel F. Haven, Jr., Worcester, *Librarian.*

Worcester North. — Dr. Jonas A. Marshall, Fitchburg, *President;* Dr. Alvah Godding, Winchendon, *Vice-President;* Dr. Thomas R. Boutelle, Fitchburg, *Treasurer;* Dr. James R. Wellman, Fitchburg, *Secretary and Librarian.*

LIST

OF THOSE WHO HAVE BECOME FELLOWS SINCE THE PRINTING OF THE CATALOGUE IN 1854.

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1855	Abbot, Ezra	Canton			
1855	Adams, Zabdiel B.	Boston			
1860	Allen, A. N.	Pittsfield			
1859	Allen, Justin	Topsfield			
1860	Ames, Joseph S.	Holden			
1858	Aten, Henry F.	Dedham			
1854	Barker, Bowen	S. Hanson			
1860	Barker, John W.	Easthampton			
1860	Barnes, Edward F.	Marlborough			
1855	Barnes, John	Milford			
1856	Barnes, Norman S.	Pittsfield			
1858	Barrett, William M.	Ashland			
1855	Bartlett, Ezra	Exeter, N. H.			
1856	Beals, H. H.	Pittsfield			
1858	Bement, John W.	Shelburne Falls			
1857	Bemis, Merrick	Worcester			
1855	Bemis, Nathaniel O.	Hubbardston			
1855	Blake, John E.	Middletown, Ct.			
1859	Both, Carl	Boston			
1859	Boynton, Royal B.	Townsend			
1855	Brackett, Wm. T. S.	Edgartown			
1860	Breed, B. B.	Lynn			
1858	Brewster, John M., Jr.	Palmer Depot			
1856	Briggs, Charles E.	Boston			
1857	Brink, Edwin	Pittsfield			
1855	Brown, J. Henry	West Newton			
1857	Brown, Orlando	Wrentham			
1860	Bryant, Albert H.	Natick			
1859	Burleigh, William H.	Lawrence			
1859	Burge, William B.	Taunton			
1855	*Burgess, G. M.	Blackstone		1859	42
1856	Bushnell, William	Boston			
1858	Campbell, Benjamin	East Boston			
1858	Chamberlain, Eben. N.	Millbury			
1860	Chapin, Horace	Fairmount			
1856	Chase, Irah E.	Haverhill			
1858	Chase, John B.	Taunton			
1858	Chase, Preston M.	Danvers			
1858	Cheever, David W.	Boston			
1855	Clark, Henry	Worcester			

Admitted.	Name.	Residence.	Retired.	Died.	Age
1858	Coggswell, George B.	Bridgewater			
1859	Collamore, George A.	W. Bridgewater			
1855	Collins, Clarkson T.	Great Barrington			
1855	Cooke, McLaurin F.	Boston			
1856	Coolidge, James	Orange			
1857	Cowdray, Harris	Acton			
1856	Cowles, H.	Saxonville			
1859	Crehore, Charles F.	Boston			
1856	Crowell, John, Jr.	Haverhill			
1857	Crozier, Arthur T.	Maysville, Ark.			
1856	Cutter, Ephraim	Woburn			
1860	Dean, John	Boston			
1859	Delano, Marcus F.	Leominster			
1860	Dewolf, Oscar C.	Pittsfield			
1860	Dow, John O.	Harvard			
1858	Draper, Joseph	Greenfield			
1857	Drew, David F.	Lynn			
1855	Durgin, Elijah S.	Boston			
1855	Fabyan, George	Boston			
1858	Ferguson, Hugh	South Boston			
1858	Fifield, William C. B.	Weymouth			
1855	Fiske, Daniel S.	East Brookfield			
1855	Flagg, Samuel B.	Boston			
1856	Fobes, Joseph B.	Hanover			
1856	Forsaith, Francis F.	South Abington			
1859	Foss, Stephen	Boston			
1857	Foster, James M.	Springfield			
1860	French, John O.	Hanover			
1860	Fuller, Henry H.	Lancaster			
1856	Gage, Daniel Parker	Lowell			
1856	Gale, George F.	Amherst			
1857	Galloup, John S.	Medfield			
1858	Garland, George W.	Lawrence			
1859	Godding, William W.	Winchendon			
1859	Goodell, Jonathan W.	Greenwich			
1859	Gould, Joseph F.	South Boston			
1859	Gould, Joshua B.	South Royalston			
1858	Green, John	Worcester			
1856	Green, Samuel A.	Boston			
1858	Griggs, Samuel	Westboro'			
1858	Griggs, Thomas T.	Grafton			
1859	Ham, Abner	Boston			
1858	Harris, J. C.	West Cambridge			
1859	Hartley, James W.	Fall River			
1860	Harwood, Harry J.	Lowell			
1856	Hatch, Horace	Brookline			
1855	Haven, Samuel F., Jr.	Worcester			
1859	Hay, Gustavus	Boston			
1858	Hayward, John McLean	Boston			
1857	Hayward, Nathan, Jr.	Roxbury			
1858	Head, George E., Jr.	Boston			
1859	Heard, J. Theodore	Boston			
1855	Henderson, Jophanus	Somerville			
1856	Hill, Edward L.	Williamsburg			
1858	Hill, Gardner C.	Warwick			
1856	*Hill, James S.	Sacramento, Cal.		1857	32

Admitted	Name.	Residence.	Retired.	Died.	Age.
1855	Holcomb, Clifford C.	Lee			
1855	Holman, Silas A.	Taunton			
1859	Holmes, A. R.	New Bedford			
1858	Holmes, H. M.	South Adams			
1855	Hooker, Anson P.	East Cambridge			
1859	Hooper, Frederick H.	New Bedford			
1860	Hoskins, Thomas H.	Boston			
1856	Hosmer, Alfred	Watertown			
1856	How, James C.	Haverhill			
1857	Howe, George M.	Harvard			
1860	Hubon, Peter E.	Worcester			
1859	Hurd, Samuel H.	Charlestown			
1856	Hurd, Yorick C.	Amesbury			
1858	Hutchins, John W.	Newton			
1856	Hyde, George S.	Boston			
1857	Janes, Henry	Chelsea			
1858	Jeffries, B. Joy	Boston			
1854	Jenks, Thomas L.	Boston			
1856	Jewett, Charles C.	Holliston			
1856	Jones, D. Wayland	Medfield			
1859	Jordan, Charles	South Reading			
1855	Keep, Samuel H.	Boston			
1855	Kendall, Albert A.	Newton L. Falls			
1860	Kidder, Moses W.	Lowell			
1855	*Knight, Ebenezer	Brimfield		1857	
1856	Kob, Charles F.	Boston			
1856	Lamson, John A.	Boston			
1857	Lane, William N.	Charlestown			
1856	Leach, William	Holmes's Hole			
1855	Lincoln, Francis M.	Boston			
1859	Lincoln, George C.	South Malden			
1859	Livermore, Abel C.	Stow			
1856	Lovejoy, Oliver S.	Haverhill			
1856	*Lynch, Thomas	South Boston		1857	25
1855	Lynde, James P.	Athol			
1858	Lyons, Charles T.	Coleraine			
1859	Mansfield, John R.	Boston			
1859	Manning, J. H.	Pittsfield			
1859	Marrisul, Felix V.	Fall River			
1858	Marsh, Lebbeus Eaton	Granby			
1855	Mason, William	Charlestown			
1856	McCollister, J. Q. A.	South Groton			
1855	McLean, A. S.	Springfield			
1860	Munsell, G. N.	Harwich			
1859	Melcher, Samuel H.	Boston			
1859	Mignault, Deodat	Lowell			
1855	Miner, D. W.	Ware			
1854	Morris, William B.	Charlestown			
1854	Morong, Edward P.	Cahawba, Ala.			
1854	Morse, James R.	North Cambridge			
1859	Murphy, Joseph	Taunton			
1856	Neilson, W.	Manchester, N. H.			
1860	Nichols, George H.	Boston			
1856	Nichols, George K.	Sandisfield			
1859	Nichols, John T. G.	Cambridge			
1855	Nichols, Jonathan	Harvard			

Admitted.	Name.	Residence.	Retired	Died.	Age.
1857	Nihill, John L.	South Boston			
1857	Niles, John N.	Boston			
1855	Oliver, Henry K.	Boston			
1858	Orcutt, Almon M.	Hardwick			
1856	Osgood, William	Boston			
1855	Otis, George A.	Springfield			
1855	Page, Calvin G.	Boston			
1856	Partridge, Louis E.	Natick			
1856	Perkins, D. C.	South Danvers			
1855	*Perkins, John P.	Great Barrington		1856	
1860	Person, John W.	Lowell			
1858	Pike, Horace G.	Boston			
1859	Pierce, George W.	Leominster			
1859	Pillsbury, Harlin H.	Lowell			
1859	Pinkerton, Thomas H.	Boston			
1857	Potter, Albert	Charlton Depot			
1858	Porter, Royal N.	Deerfield			
1859	Pouliot, Francis E. W.	Quebec, C. E.			
1858	Prentiss, Henry C.	Northampton			
1860	Prius, Peter	Lowell			
1859	Proctor, William B.	Lowell			
1860	Provan, Robert	Boston			
1857	Ranny, Mark	Somerville			
1855	Rice, I. Marcus	Worcester			
1855	Richardson, Horace	Boston			
1856	Richardson, John H.	Chesterfield			
1858	Robinson, Albert B.	Holden			
1859	Robinson, J. Henry	Southborough			
1860	Robinson, Marcus Tullius	Jamaica Plain			
1859	Robinson, John L.	Wenham			
1858	Rockwood, Henry	West Medway			
1855	Rogers, Seth	Worcester			
1858	Root, E. B.	West Stockbridge			
1856	Rublee, Chauncy M.	Montpelier, Vt.			
1858	Ruppaner, Antoine	Boston			
1860	Ryan, John	Charlestown			
1858	Sargent, George W.	Lawrence			
1857	Sargent, Lucius M., Jr.	Boston			
1859	Saville, Henry M.	Quincy			
1859	Sawyer, Edward J.	Gardner			
1856	Sawyer, Frederick A.	Sterling			
1860	Sawyer, John W.	Boston			
1858	Sawyer, Jeremiah H.	Newburyport			
1860	Shaw, Henry Lyman	Boston			
1860	Sheldon, L. R.	Boston			
1856	Simmons, Gustavus L.	Hingham			
1858	Sinclair, Alexander D.	Boston			
1854	Smith, Abner M.	Pittsfield			
1856	Smith, Andrew M.	Williamstown			
1855	*Smith, Albert D.	Holden		1858	36
1856	Smith, G. O.	Haverhill			
1858	Smith, Jerome C.	Somerville			
1859	Smyth, James	Boston			
1858	Soule, Horatio S.	Bucksport, Me.			
1860	Sprague, Francis P.	Boston			
1857	Spring, Charles H.	Greenfield			
1856	Spring, John	Dublin, Ireland			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1860	Stearns, Henry P.	Marlborough			
1860	Stearns, John, Jr.	Boston			
1855	Stedman, Charles E.	Dorchester			
1856	*Stetson, A. Everett	Dorchester	1857		32
1859	Stevens, Francis J.	Haverhill			
1858	Strickland, Rial	E. Longmeadow			
1857	Stuart, Absalom B.	Westhampton			
1858	Taylor, John D.	Boston			
1858	Temple, Cyrus	Heath			
1857	Temple, Theron	Belchertown			
1857	Thompson, Austin W.	Northampton			
1858	Thorndike, William	Beverly			
1857	Tinker, Martin A.	Burnt Hills, N. Y.			
1857	Tjader, Antoun W.	Boston			
1859	Towle, Samuel K.	Haverhill			
1857	Tracy, Stephen	Andover			
1855	Trow, Nathaniel G.	Sunderland			
1855	Tucker, George G.	Westfield			
1859	Tyler, John E.	Somerville			
1855	Tyler, Warren	North Brookfield			
1858	Underwood, George L.	New York			
1855	Wakefield, Adoniram J.	Hopkinton			
1856	Wakefield, Jonas F.	South Malden			
1855	Walker, Clement A.	South Boston			
1855	Walsh, John D.	Boston			
1858	Walsh, Peter D.	Boston			
1859	Walsh, Walter M.	Boston			
1856	Ware, Robert	Boston			
1860	Warren, Charles	Charlestown			
1859	Webster, Joseph R.	Milton			
1856	Weeks, Charles M.	Boston			
1858	Wells, Noah	Greenfield			
1856	Wellman, James R.	Fitchburg			
1855	Wheatland, Richard H.	Salem			
1857	White, James C.	Boston			
1860	White, Samuel	Springfield			
1860	White, Whitman B.	Stockbridge			
1855	Whiting, I. B.	Lee			
1856	Whittemore, Henry F.	Marblehead			
1858	Windship, George B.	Roxbury			
1855	Winsor, Frederic	Salem			
1860	Witter, John	Brimfield			
1856	Wood, Franklin A.	Lunenburg			
1855	Wood, James A.	Boston			
1855	Woodbury, Elwell	Medford			
1855	Woodward, Rufus	Worcester			
1855	Yale, John	Ware			

Gentlemen will please notify the Recording Secretary of any errors, omissions or removals.

DIPLOMAS can be obtained by application to the Recording Secretary, enclosing the sum of One Dollar. (See By-Law No. IV.)

END OF VOL. IX.

SPEECHES

OF

DRS. THOMPSON, JAMES JACKSON, JOHN HOMANS, O. W. HOLMES, S. DURKEE AND H. W. WILLIAMS,

IN RESPONSE TO SENTIMENTS OFFERED AT THE

Annual Dinner

OF THE

MASS. MEDICAL SOCIETY,

BOSTON, MAY, 1856.

BOSTON:
TRAVELLER PRINTING HOUSE, 31 STATE STREET.
1856.

Dr. A. R. Thompson's Speech.

Members of the Massachusetts Medical Society, and honored guests—I congratulate you, gentlemen, on the return of this anniversary, and cordially sympathize with you in all the interesting associations of the day. I see before me a great body of worthy and intelligent men, united in the glorious work of relieving the sufferings, and promoting the happiness of their fellow men, by unfolding, applying and advancing the noble science of life. I sympathize with you, gentlemen, in the event which deprives us of the dignified presence of one who would have so worthily filled and adorned the place in which, by the courtesy of your committee of arrangements, I am called upon to stand. It is melancholy to think that one so eminent, so exemplary and so universally beloved as Dr. Luther V. Bell, in the maturity of his fine powers—just as he had closed an honorable and successful career of labor in one of the highest departments of humanity, should be suddenly arrested by disease. Gentlemen, I have passed half an hour with Dr. Bell this day, and I know the most welcome intelligence I can give you, is, that I found him cheerful and hopeful, and there is a reasonable prospect that he may live many years—an ornament of our profession and a blessing to mankind. It has been my privilege to have been well acquainted with the successive Superintendants of the McLean Asylum: The first, Dr. Wyman, whose moral and intellectual qualities, with a fine practical judgment, united with untiring industry, energy and fidelity eminently fitted him to lay the foundation of his peculiar department—was cotemporary with me. I prized and enjoyed his friendship through life, and cherish his memory as one of the best of men. His successor, Dr. Lee, I knew thoroughly and loved dearly. He was a man of elevated principles, brilliant talents, and of such high aims and efforts that his delicate physical structure soon sank beneath his labors, and his beautiful mind was early translated to the bright galaxy of genius and goodness in the Heavens, where his particular star will shine on forever.

When Dr. Lee, in October, 1836, left the Asylum on account of his sickness, the Trustees requested me to take the medical charge of it. Dr. Bell was appointed in December of the same year, but did not assume the duty till the following February. When he came, he found me there and requested me to remain and attend with him for a few days. During this time I made up my mind that Dr. Bell possessed all the qualities and endowments which fitted the man for the place. The result has proved the wisdom of the choice, and added another fact in evidence of that gracious Providence, which always brings the "man for the hour."

Gentlemen, the task of Dr. Bell has been delicate and difficult—"To minister to minds diseased, pluck from the memory a rooted sorrow, raze out the written troubles of the brain, and with some sweet, oblivious antidote to cleanse the stuffed bosom of that perilous load which weighs upon the heart"—and how has he performed this holy duty? Let the uniform approbation of the discriminating and honorable gentlemen who have enrolled their own names among the benefactors of mankind—by their generous and faithful care of this noble institution—let the concurring voices of our profession and of our whole community, and above all, let the gratitude of "hurt minds," which have felt the healing balm—of bruised hearts bound up—of distracted spirits calmed—and all these restored to the duties, the enjoyments, and all the sweet harmonies of life, by the kindness and skill of the good Doctor—let these give the answer.

A few days ago we attended the funeral obsequies of an eminent and venerated member of our Society,—one who with the indomitable pursuit of science, united a keen sense of family name.

This indeed was the jewel of his heart;—a wreath of perennial glory encircled the brow of his noble uncle. His father's fame rested securely on the solid basis of sound science, extraordinary professional skill and favor, and high moral excellence. His own great reputation as a surgeon and naturalist was constructed at immense labor out of the choicest materials, which the prolific resources of the last half century supplied so richly to a mind ever eager to learn, and never idle a moment. And just as he was about to consign his vast treasures of knowledge to his family and to the world, the hand of death came upon him.

In every medical library there is a beautiful gem of medical literature—written by one of the most beloved and honored fathers in our profession—a memoir of his departed son—a son in every respect worthy of such a father, and of whom the good Father Taylor, the sailor's friend, said to me, the tears streaming from his eyes: "Sir, when I was in Paris, sick and dejected, young Jackson sought me out, and was to me a ministering angel of help and comfort. I shall never forget his kindness." Oh, Sir, so devoted was he to his studies, and so charming was his character, that he was the pride of Paris. Gentlemen, the venerable Nestor of our profession, the illustrious compeer and the steadfast friend through life of the departed Warren, stood by the bedside and while his own heart was swelling beneath his own bereavement, his calm religion for the hour enabled him to comfort his dying brother with the comforts wherewith he himself had been comforted of God.

To this dark object of Insanity there is a bright side. It is the wonderful and delightful change of public sentiment in regard to the nature and especially the treatment of it. Gentlemen, we live in an age distinguished for benevolent efforts in behalf of humanity, and among them all is the deliverance of the human mind from the darkness of Demonology—the "doctrines of Devils"—into the glorious light and liberty of a higher faith, a purer reason, and a more joyful hope. For proof of this I need not go back to that dark day of New England, and of old England too, when the Rev. Mr. Burroughs, a martyr to Demonology, being launched into eternity for witchcraft, on Salem Hill, addressed the people in such words of truth and reason concerning their unhappy delusion

that the Rev. Cotton Mather, the spiritual ruler of that dark power, alarmed at the force of what he said, and perceiving that the people were greatly moved, rode round on horseback, warning them against listening, declaring that the words he uttered were uttered, not by Burroughs but by the devil in him, who having full possession of him, had transformed himself into an angel of light, and so spoke out of his mouth. Gentlemen, I can refer to facts, within my own memory, in 1798, when I began to study my profession. The most approved asylum for the Insane was at Uxbridge, the celebrated Superintendent there in the treatment of his patients relied on drowning and whipping, and one of my own cotemporaries, a pupil of the celebrated Dr. John Warren, opened a private asylum in our immediate neighborhood, and he also practised whipping his patients. Gentlemen, the belief of possession lie at the bottom of this treatment. But about the end of the last century, the illustrious Pinel took off the chains of his patients—then a new era of humanity commenced, and notwithstanding all the wonderful discoveries in physical science and of the relations of mind and matter, and allowing to the utmost all that science can claim, it must be admitted that the real improvement in the treatment of Insanity is the result of moral rather than intellectual development and progress. It is true that long ages since, the true method of treating Insanity was revealed to the world—and yet, alas, how slow is the world in learning the most valuable truths. More than 1800 years ago there came from Nazareth a great physician. He received his Diploma from Heaven, and went about doing good, healing all manner of diseases—and how many terrible cases of insanity was there among them? "The wild maniac who had his dwelling among the tombs, and no man could bind him—no not with chains—for though often bound with fetters and chains, the chains had been plucked asunder by him and the fetters broken in pieces. Neither could any man tame him; and always, night and day, he was in the mountains and among the tombs, crying and cutting himself with stones." What a graphic description of this awful disease, and what was the remedy? "It was the mild voice, that voice which alone can speak peace to the troubled—the voice of the Son of God—which calmed the fury of this raging maniac, and brought him to his gracious master's feet, sitting and clothed in his right mind." As members of the medical profession, gentlemen, you are made partakers of this holy calling, and according to your labor so will be your reward. He who went about doing good, assures us that it was "his meat and drink to do the will of him that sent him." Be followers of him, gentlemen, you will receive the same reward. If you practice your profession from a mere love of money, you are not sure of your reward, for you may not get your money. If from a love of fame, it may elude your grasp; and if you should obtain both, yet both combined would leave your hearts empty and unsatisfied. But if you practice your profession because you love to do good, your reward is sure, for the good you get is always in the exact ratio of the good you do—for goodness is a sure, and the only sure possession—earth cannot, and heaven will not deprive you of it—for goodness is permanent, and like its divine source—the Author of all good—it is indestructible and immortal.

Gentlemen, we are members of a profession which forms one link in that golden chain of good institutions which bind one generation to another and is essential to the mutual happiness and security of them all. Our profession has high honors to confer, and let those who fairly win, nobly wear them. We look back upon the illustrious dead who have filled, and around upon the illustrious living who now fill and adorn the high places of our profession, we behold in them the jewels of our Order, and we rejoice in the light of their glory as our common inheritance. Gentlemen, we cannot all reach places of public distinction, but every one of us can win and wear the true badge of nobility belonging to our Order—the noble badge of goodness. We may not be called to fill a Professor's chair or a Hospital Superintendency. But every one of us as a family physician becomes the Superintendent of a private family, and is thus made a minister of God for good to human beings. May we ever feel the true dignity and the solemn responsibility of this sacred charge; while we do everything in our power to relieve the physical sufferings, may we by our sincerity, kindness, sympathy and fidelity, so deserve and enjoy the confidence of our patients that when the evil days of sickness, pain and sorrow come we may be able to cheer and animate their hearts by that hope which is "the anchor of the soul." Gentlemen, whenever we are so happy as to inspire our patients with this hope, it will ever come back to our own hearts as a blessed cordial. May God grant, my brethren, that whenever those to whom we minister, or we who serve them, shall be called out of this uncertain and changing world, our hearts may be sustained and our spirits born up by this heavenly power so beautifully apostrophized by the poet, and with which I close.

"Eternal Hope! when yonder spheres sublime,
Pealed their first notes to sound the march of time,
Thy joyous youth began—but not to fade—
When all the sister planets have decayed,
When wrapt in fire the realms of ether glow,
And Heaven's last thunder shakes the world below,
Thou, undismayed, shalt o'er the ruin smile,
And light thy torch at Nature's funeral pile."

Dr. James Jackson's Speech.

Mr. President and Fellows of the Massachusetts Medical Society:—First of all, I beg leave to give you my warmest thanks for the kindness with which you have received me. I have always felt the strongest interest in the welfare of this Society, and an earnest desire that it should effect the great objects for which it was instituted. These objects were to combine together physicians and surgeons, duly qualified to serve the public as such; to point out the education to be pursued by those who should be desirous to enter on our profession; to examine persons who had pursued this course, and to give licenses to such as should be found qualified to engage in practice.

The society was incorporated in the year 1781. As our early fathers began to think of schools for their offspring, almost as soon as they had gained a footing in this new world, amidst poverty and hardships: so, before the battle was ended, by which the freedom of the country was secured, the wise men in our profession took measures to secure a succession of persons, duly taught, to practice the art of healing. I may mention that about the same time the foundation was laid of a medical school connected with our University at Cambridge, a measure which proved the same enlightened spirit. By the first

act, with respect to this Society, it was provided that the number of its fellows should not be more than seventy, nor less than ten at any one time. It was hoped that by the combination of medical men, most worthy of the public confidence, there would be promoted an increase of the knowledge conducive to their art. The same act provided that the Society should point out the course of an education for medical pupils, and through censors appointed by it, should examine candidates for medical and surgical practice. These censors were authorized to give licenses to enter on that practice to all whom they should find duly qualified. This act does not make it unlawful for any one to practice the healing art without such a license; but it evidently implies that such persons would not be worthy of the public confidence. Meanwhile, the tendency of the act was evidently beneficial to all who were duly qualified, since they could obtain certificates of their attainments from persons authorized by law to give the same.

At the time that I was admitted as a Fellow to this Society, it had been in existence about twenty years. It had done perhaps as much as could have been expected, under the circumstances in which it had been placed. Yet it cannot be said to have been in a thriving state. Very little regard was paid to the requisitions, which it had pointed out for medical education. I cannot say how many candidates it had licensed for practice, but I believe the number was not equal to that of the years of its own existence. Very few persons of the present day realize the extreme poverty in which our people were left after the revolutionary war. The remuneration received by men of our profession was exceedingly small. It could not be otherwise. After the general government of the United States was organized in 1789, under our present constitution, a visible change began to take place in the public prosperity almost immediately. Though then a boy, I well remember the events which marked this change, though I did not then understand them. The progress of our prosperity was not slow; for at the end of eleven years, when I engaged in business, the strong marks of increased riches growing out of well paid industry, were abundantly evident. We were indeed even then in the days of small things, if compared with the present time; but there was a confidence in the continued growth of the country, as to wealth and population, which gave courage to men of enterprise. Excuse me if I seem to have travelled out of my path; but as my mind passes over the period, from the origin of this Society to the time when an important change was about to take place in it, I could hardly resist making some remarks on the changes in the community at large during the same period. My principal design in the remarks I am now about to make, is to give a history of the change in the constitution of this society, to which I have referred, and to state the objects of it. There is not, I believe, any individual living, except myself, who had any connection with bringing about that change. It is not, however, merely for the pleasure of telling an old story, the pleasure which the aged have in relating the affairs in which they were engaged in their youth, that I enter on this subject; but to bring before you, distinctly, the importance of regarding in the present day, the objects which we sought to attain by that change.

The author of the plan to which I refer, was the late Dr. John D. Treadwell of Salem. He had preceded me in the profession by eight or ten years. He had been a pupil of Dr. Edward A. Holyoke of Salem, first President of this Society, the glorious old master under whom I also had the happiness of pursuing my studies. I derived great benefit, during those studies, from the friendship of Dr. Treadwell. He was still a young man, but had, I believe, even then acquired a more intimate acquaintance with medical literature, ancient and modern, than any other man among us of that day; a pre-eminence which he retained in the subsequent years of his life. I may add that his learning was not limited to medicine. He was at all times zealously devoted to his profession, and anxious to promote its elevation and its usefulness. He had preceded me as a Fellow of our society one or two years, and he had looked into its constitution and into its capacities for good, with great earnestness. Within a few months after my admission to the Society, he made a call on me and stated his plans. He had, in fact, aided by a legal friend, Mr. Sewall, afterwards Chief Justice of our Commonwealth, drawn up the bill, which, with some modifications, was subsequently passed as an act of our Legislature, on the 8th of March, 1803.

Let us see now what were the objects to be attained by this new act. They were, first, to combine the members of the profession, then existing in this Commonwealth, and who enjoyed the confidence of our citizens in their respective districts or neighborhoods, in one body, or corporation, which should command the respect of the whole community. Secondly, to employ the power thus constituted, to promote a sound education among the candidates for our profession; to give to candidates so prepared an admission to the society of the respectable portion of medical men; and to prevent an admission to these ranks of any one who had not duly availed himself of the means pointed out for a medical education. To these ends the new law, first of all, took off the restriction as to the number of fellows which should be admitted to this Society, and authorized an election into it of every competent practitioner of medicine or surgery within the Commonwealth. In the first section of the Act of 1803, the Fellows were authorized to admit as many new members to Fellowship as they should see fit, previously to their next annual meeting. This meeting was to follow in less than three months after the passage of the Act. I believe that this period was faithfully employed in adding to the Society most of the prominent men then in the profession within our State. It was known, however, that on a more thorough research, many other worthy men would probably be found fitted to increase our numbers. The Society thus formed, constituted of the Fellows scattered over our extensive Commonwealth, for the great State of Maine had not then been cut off from us, was required to hold one meeting annually, while authorized to hold other meetings occasionally. It was obvious that men, engaged in a profession like ours, would find a great difficulty in collecting together in one place, and that they could not spend so much time together as to enable them to attend to the details of business. They could not give time for reports upon medical subjects, and for conferences, or consultations respecting them. One day in a year, as we now find, is as much as can be taken by a large body of medical men from the care of their pa-

tients, even though that day should be employed in fitting themselves to serve those patients more efficiently. That one day, however, might be very advantageously devoted by the Fellows to making an acquaintance with each other, and would have a tendency to increase their zeal for the honor and the usefulness of their profession. That the details of business which should belong to the Society might be properly attended to, the Act of 1803 directed that at each annual meeting there should be elected "so many counsellors as the Society shall, from time to time, judge necessary and expedient." To this body was committed the performance of most of the business of the Society. It was required that a report of their transactions should be made to the Society at their annual meetings. If the proceedings of the counsellors should not be satisfactory to the Society, there were two methods of correcting the same. One was to elect a different set of men as counsellors for the ensuing year; the other was to pass a by-law, in which might be involved such principles as should guide the counsellors in their future proceedings. Thus the counsellors constituted something like a standing committee to consider all matters relative to the Society, and to act in its behalf. Those who are conversant with the constitutions of government in our country, must perceive at once the convenience and the advantages of this plan. It is substantially the representative plan. The Society does not lose anything by it; while it may be said that it is more sure to be satisfied than if the business were transacted by itself. Does this seem paradoxical? It may, if you think of words only, but not if you look on the subject carefully.

Let us suppose that, besides the annual meeting, the Society should hold three meetings in a year, in order to attend to the details of its affairs. In this case, the Society might be said to act for itself. But I think it will be perceived that these three meetings would not be fully attended. If a large number should be required to constitute a quorum, the meetings would very often fail for the want of this number. The Society, to prevent this inconvenience, would be compelled to allow a small number to make up a quorum. Such small meetings would fail to inspire any strong interest. Sometimes one set of men would be present, and at another time a different set; and there would probably ensue habits of listlessness and negligence. If, at any time, a small party should have an object of their own to accomplish, they could easily find a moment, at which they would be the majority of the members present, and they could then decide the measures to be adopted. A vote might be passed under such circumstances, which would not be agreeable to a quarter part of the Fellows of the Society; yet in this case the Society would be acting for itself; for the act of a legal quorum would be an act of the Society. Meanwhile, the persons by whom the vote was decided in the case supposed, would, perhaps, be the last men whom the Fellows would have deputed to act in their behalf. Not so as to the Counsellors. The Counsellors are a representative body, and the individuals are, or ought to be, selected by the Fellows, as worthy of their confidence; and men thus selected must realize more or less their responsibleness to the whole body of the Society. I have thought it worth while to make these remarks, because it has not been rare to find among the Fellows some jealousy as to the power of the Counsellors.

In the first Act of the Commonwealth relative to the Society, it was authorized, as has been mentioned, to appoint censors for the examination of candidates for practice. The power to appoint the censors was conferred by the new Act upon the Counsellors. This is an instance of the advantage of the Society's acting through the representative body rather than by itself. The censors could be chosen in the annual meeting; but the Fellows could not act so deliberately in a hurried day, as the smaller body, the Counsellors, who could give time for inquiry as to the persons best qualified for the very important duty of examining candidates for medical practice. The Counsellors were required to appoint one board of censors, who should meet at stated periods in the metropolis of the Commonwealth. They were authorized, under certain circumstances, to appoint other boards of censors in other parts of the State. The persons approved and licensed by the censors were called *Licentiates* of the Society, and they were entitled, upon certain conditions, to claim admission as Fellows into the Society. Inasmuch as the University was in the practice of requiring a satisfactory course of study from those whom it admitted to a medical degree, the law of 1803 placed its graduates on the same footing as licentiates of the Society, and accordingly they were in like manner entitled to claim admission into the Society. There was felt at that time, and has been occasionally since, some objection on the part of the Fellows to this admission into the Society of persons who had not been examined by their own officers. It was not, however, suspected, under the arrangements then existing, that any harm could result from the privilege thus granted to the medical graduates of the College. It was notorious that these graduates were better educated, and that they probably underwent a more thorough examination than the licentiates of the Society. Yet there were two different standards as to the fitness of candidates for practice, and to this there was some valid objection. It was obvious that the University might, at some future period, become as regardless of the qualifications of its graduates as it was then well known some foreign Universities had been. This subject was often discussed in the early years after the amendment of our charter. In regard to it I can give a piece of history, probably not remembered at this day by any one else. In 1810 I was appointed a Professor in the Medical School of the University. Within a very few years after that date a plan was proposed to the Counsellors to obviate the difficulty which has been referred to. This plan was devised and brought forward by my late friend Dr. John C. Warren and myself, he also being a medical Professor at that time. The features of it were these: first, that there should be formed a board of examiners, consisting of the medical professors of the University, and of an equal number to be elected annually by the Counsellors of the Society; secondly, that all persons asking for a license from the Society, and all asking for medical degrees from the University, should be equally brought before this Board of Examiners; that they all should be examined in the same way, and that their admission to the privileges sought for by them respectively, should be decided by a vote of the Board. It was our wish, in proposing this

plan, to remove all causes of jealousy between the Society and the University. We trusted that in this way the standard for admission to medical practice would be raised. This was in effect an offer from the Medical School to the Society. Unfortunately the Counsellors of that day felt very indifferent on this subject, and after some delays allowed it to subside. This was done I believe without any direct vote upon it.

Since the period referred to, the number of Boards of Censors has been very much increased. Censors are now appointed in various districts of the Commonwealth; and the same privileges have been accorded to the graduates of the Berkshire Institution as to the Medical graduates of the University. We have now twelve or fifteen different Boards in this Commonwealth for the examination of pupils. I have not any exact knowledge of the result, as to the standards by which the examinations are guided; but it is almost impossible that there should be an uniform standard, or one nearly and substantially uniform among so many different Boards. It is not necessary to point out the evils of this state of things. Is it not proper for this Society to inquire whether the plan then proposed cannot be adopted; whether the whole business of examining for medical licenses and medical diplomas, cannot be committed to one Board of Examiners? The good effects of this plan must be obvious. Doubtless there are some objections; but comparatively they are of trifling weight. Candidates for practice will not find a Board of Examiners in every county. They must travel some distance to meet the General Board. But surely whatever might be said in a State more extended in its territory, in our little compact Commonwealth, intersected as it is by railroads, this objection must be regarded as trifling.

It may be feared that the medical schools will not consent to subject their candidates to the examination of any persons, other than their own Professors. But I believe it would not be difficult to overcome this objection. Some arrangements as to details would be necessary. These should be such as to guard against partiality to either school. The fee for a degree or license might go to the party by whom the candidate is brought forward. The advantage to the community would be, that the standard would probably be elevated and uniformly maintained; so that those candidates who may be approved should be the more worthy of public confidence. Moreover the candidates, who should pass through such an ordeal with success, would derive from it a proportionate benefit.

I have laid great stress upon this subject of examinations for a license, or for a medical degree. I wish now to point out what the public have a right to expect in one who has passed through an examination with success. Is it to be understood that we recommend every such person as perfectly qualified for all the duties of his profession? Is it to be understood that all our licentiates and doctors of medicine are equally well prepared? To both these questions I reply in the negative. In every examination we first require evidence that the candidate has devoted himself to his professional studies for the period required. All will not gain the same amount of knowledge in the same time. But the period required is, or ought to be such that any man of common capacity may become acquainted with the elements of our various sciences. For further security, however, besides rules as to the duration of the pupilage, every one is subjected to an examination. Those who are found deficient are dismissed silently. Those who are admitted as licentiates, or medical graduates, are recommended to the public as being sufficiently learned to commence practice. This is what the public want, as they are incapable of ascertaining the professional acquirements of a candidate for their favor, and it is as much as they have a right to ask from us. On all other points they will judge for themselves. They can form an opinion of the talents, the industry, the discretion, the fidelity of those who offer themselves to take care of the sick. There is another matter on which the Examiners say nothing. This regards the general doctrines, adopted and maintained by the different doctors or licentiates. It is well known that physicians differ in their opinions as to diseases and their appropriate remedies. One, more or less a Sangrado, relies on blood-letting and other evacuants for almost every disease; while a follower of Brown rarely administers anything else than stimulants and tonics. Both these sects maintain the unity of disease; that is, that all diseases consist in a modification of one thing, of one morbid affection. There are other practitioners, who, believing that there are various diseases which affect the human body, endeavor to distinguish them one from another, and to pay a regard to the several stages of each; and then to employ the diverse remedies which experience justifies, if there be any such; or to watch patiently, leaving diseases to their natural course, while they guard as much as possible against the accidents which may aggravate them. No doubt, patients may often be decided by accident in their choice among physicians of these different descriptions. But he who thinks for himself, will make a selection according as his own judgment, or his own taste may decide.

Let us pass now to a different point. By the Act of 1803, the Counsellors are authorised to establish district Societies in any part of the Commonwealth, each of which may have, within certain limits, the advantages of a corporation. To form such a Society, an application must be made to the Counsellors by at least five Fellows, who must designate the territorial limits of the proposed district. If there be no peculiar objections the Counsellors will grant the authority asked for. If the Society be formed, all the Fellows living within its limits become members of it. The objects originally proposed for such Societies were, that their members should aid each other in all matters of science and of practice, and that at their meetings they should bring forward any original observations, or opinions which they might deem worthy of attention. It was designed further that these Societies should transmit to the Counsellors any reports or other papers which they should regard as valuable; and that of these the Counsellors should publish all such as they should deem worthy of that distinction.

In some of the other States of our Union districts have been formed by county lines, or otherwise, so that each Fellow of the medical Society should belong to some one of them. At first view this plan may seem to be the best. It was considered by our Society when it was remodelled in 1803; but it was apprehended that in some districts the Fellows might be unwilling to unite in forming such Societies. It was therefore thought better to rely on the voluntary principle; to provide

at a district Society might be formed wherever number of neighboring physicians should wish have it done.

To give effect to the plan adopted in 1803, a by-w was enacted by this Society, known as the w respecting consultations. Its object was that e Fellows of this Society should countenance d consult with those physicians only, who were ly qualified for practice. And, as according to r plan, all such should be made Fellows of our ciety, we should not consult with any one who as not a Fellow. This seems to be the best mode which we can point out to the community the rsons qualified to practice our art. All who wish may, by adopting proper methods, secure an mission into our Society; and these proper ethods are reasonable methods. They are in-sted upon only for the public good. They are ethods, however, which must be decided upon by e members of our own profession. At first sight may seem to impose a hardship in some instan-s; but not so, if the subject be duly considered. or instance, we are sometimes urged to overlook e deficiency as to education of a young man cause he is poor. It may be that he has good lents, and great moral worth, but that he cannot ford to get a good education. Ought we to be duced by this representation to give such a an a license? Do men act in this way in other atters? See what is done as to wheat-flour, an ticle of food wanted by us all. It is difficult for en, not conversant with the article, to judge of e goodness of flour, therefore Inspectors are pointed, who put a brand on each barrel, to say at its contents are superfine, or fine, or sour. ow what would you think of an inspector of our, who should consent to mark sour flour as e, or fine as superfine, because the man who ised the wheat, and for whom it had been ound, was very poor, and had a large family? will say no more on this topic. Let us regard it a sacred duty to refuse all countenance, even worthy and talented men, if they have not re-ived the stamp required by our by-laws. The iblic pay us for the service they require of us in is respect. They exempt the Fellows of our ciety from serving in the militia and on juries. his provision in the law of 1803, was claimed on e score that by the law of the State our censors ere bound under a penalty to examine all can-dates for a license who should have complied ith our regulations as to their education. But higher motive—a regard to the public good ould be enough to influence us on this subject. The question is sometimes asked, What benefit o we derive from a Fellowship in this Society? We have duties which subject us to some expen-s, and which cost us some time and labor. What compensation do we receive? First, in re-ard to pecuniary expenses, we are repaid by the exemptions just stated. But there are higher con-derations which bear on this point. The pleas-re and benefit of social intercourse among us is one a sufficient compensation. Does not every e who attends our meetings feel that we are livened and encouraged as to our labors? But e still higher motive is that which regards the mmunity. The result of our labors is to secure the community a succession of men duly qual-ed to practce the healing art, and to put such a amp upon these men as shall distinguish them om all others—from pretenders without educa-on or with an insufficient one. Let me add that our efforts are successful, we derive an imme-diate benefit and a full compensation for all that we do, from the satisfaction of belonging to a respectable profession.

While we strive to elevate the profession, and to guard the avenues to it, let each one be ready to contribute his part, however small, to the stock of knowledge. Let each furnish his mite, and from the whole, a valuable treasure will be gath-ered. This treasure, the treasure of knowledge, is one by which each of us may be enriched with-out impoverishing his neighbor. Very few, if any of us, will find the gold in large masses; it is scattered over the land in small parcels; but let each one pick up what lies within his daily course, and you will presently be surprised to find how large a heap has been formed. Learn how to gather this gold—this golden knowledge—and to separate it from any inferior materials, which have gathered around it. In other words, make observations carefully, state them briefly and truly, without regard to the inferences which may be drawn from them for or against a favorite the-ory. Take time to be exact, and do not think too much of the present trouble. Avoid the common error of confounding inferences with observa-tions. It is well to state in a report the inferences which you have drawn from the phenomena ob-served; but state them as inferences, not as facts. These careful and correct observations are the true gold—better than that of California, which every one has a chance to gather, and thus to become a contributor to the great treasury of knowledge—a treasury open to all, whose wealth enriches all, and yet is never exhausted.

The Anniversary Discourse of 1844.

THE GOOD PHYSICIAN.

The author manifests in his own character the admirable sentiments of the Address.

REPLY FROM DR. JOHN HOMANS.

Mr. Chairman: I had the honor several years ago to deliver the discourse at the annual meet-ing of the Massachusetts Medical Society, held that year in this city. I took for my subject, sir, on that occasion, "The Good Physician," and endeavored to portray the qualities, intellectual and moral, as well as professional, which should mark the good Physician. I need not say, sir, that the portrait was drawn from reason and imagination, and not from experience. I was not so vain as to think I was presenting a likeness of myself. In the sentiment which you have just offered, the allusion is so direct, both to myself, and to the address which I delivered, that I sup-pose it was intended to call me out—and, as in common with most physicians, I do not feel at liberty to refuse any professional call, I rise to thank you, sir, and to thank the Society for the kind notice which you have been pleased to take of me, and for the friendly manner in which that notice has been received.

Mr. Chairman, in reference to another profes-sion, the Clerical, it is sometimes said that it is much easier to *preach* than to *practice*—but to one who has been so long occupied as I have in *our* profession, it is much easier to *practice* than to *preach*;—easier to make a good prescription for a disease, than to make a good speech for the itch-ing ears and earnest minds of an audience like this. I shall not attempt to make a speech, sir.

But, I desire simply to express the interest and satisfaction I have felt in attending these meetings of our Society, whether held in the heart of our Commonwealth, or in the mountainous and pic-

turesque region of Berkshire, or in the northern section of our State, or in the valley of the Connecticut, the most beautiful as well as fruitful portion of New England, or in this city, where the cradle of liberty was first rocked,—for our own profession, sir, is not without worthy names and honored memories in all these places and in their vicinities. I am old enough to remember some of the fathers who are gone—venerable and excellent physicians, whose wisdom and skill in their profession, whose noble qualities, would have made them worthy to sit for a portrait of "The Good Physician."

Another satisfaction which I have had in attending these meetings of our Society, and which, I am sure, we have all enjoyed, has been in listening to the interesting and instructive discourses delivered on these occasions. Whether the speaker has treated of "Self Limited Disease," or of "Diseases of Joints," or on "Typhoid Fever," or on "Medical Education," or "Medical Jurisprudence," on "The Duties, Trials and Pleasures of our Profession," or on "Morbid Anatomy," or on the "Progress of Medical Science," or has offered "Contributions to the Study and Practice of Midwifery," and many others—or, exhorted us to "Search out the Secrets of Nature," the theme of a discourse most important in its relations to our profession, and so forcibly and clearly illustrated, that it could not fail to excite us to the more careful and patient study of those *secrets and laws* of nature upon the knowledge and observance of which rests the power of our profession to benefit and bless mankind.

But the *chief satisfaction* I have had here, and the *great benefit* to be derived from these annual gatherings of the members of our profession, comes from the social and sympathetic influences of the occasion. It is always good, sir, for men engaged in the same pursuits and objects, to meet together in a body, and look upon each others' faces, and spend a few hours in the mutual interchange of thought and feeling. Even if they get no new ideas, no increase of knowledge, they get refreshment of spirit, and carry to their individual sphere of action a fresh incentive to fidelity. And this, which is good for all, is especially good, and especially beneficial to the Physician, because his work is especially solitary. The Mechanic and Artisan works with his fellows, and shares a divided responsibility. The Clergyman meets his people in the church, or the vestry, and finds in them sympathising friends and coadjutors. The Lawyer competes with his brother lawyer in the forum and at the bar, and is helped in his work, by that strife and competition. But the Physician's path is solitary. He goes from house to house, from one sick room to another, *alone*—and often life and death hang on his individual, unaided, solitary judgment, prudence, and skill. He has little opportunity for daily intercourse, counsel or sympathy with his brethern.

These occasional gatherings are, therefore, especially necessary and useful to us. They do not add largely to our stores of medical knowledge, though they do something, perhaps, in this direction; but they refresh and invigorate our spirits; they send us back to our solitary, individual paths of labor, with a new sense of the dignity and usefulness of our profession, with a new resolve not to disgrace it by ignorance, rashness or quackery, but to honor it by a stern fidelity and a true progress.

In view of this thought, I will close these hasty remarks, by offering this sentiment:

That professional sympathy which cheers and lightens the burden of professional duty, and stimulates to professional fidelity.

Dr. O. W. Holmes's Speech.

A sentiment from the Chair then called out Dr. Oliver Wendell Holmes, he being represented as the embodiment at once of the scholar, the poet and the physician. He said:

Mr. Chairman: When any of us chance to call upon our professional brethren, we are very apt to find upon their slates those portentious words, which have carried dismay to many an ignorant messenger—"Leave no verbal message." So it was enjoined upon me, when invited to appear before you to-day, "to leave no verbal message." And in obedience to that call, I have written the few words I have to utter.

Mr. President and Gentlemen: It is the peculiar privilege of occasions like the present to indulge in such reasonable measure of self-congratulation as the feeling of the hour may inspire. The very theory of the banquet is that it crowns the temples with roses and warms the heart with wine, so that the lips may speak more freely and the ears may listen more lovingly, and our better natures, brought into close communion for an hour, may carry away the fragrance of friendship mingled with the odor or the blossoms that breathed sweet through the festal circle.

We have suppressed the classical accompaniments of good fellowship, but we claim all its license. Nor are we alone in asserting a title to this indulgence. Of all the multitudinous religious associations that are meeting around us, I have yet to learn that there is one which does not assert or assume its own peculiar soundness in the faith. I have seen a black swan and a white crow in the same collection, but I never heard of a political assembly where all its own crows were not white, and all the swans of all other political aviaries were not blacker than midnight murder or noonday ruffianism.

The few words I have to speak are uttered more freely because my relations with the medical profession are incidental rather than immediate and intimate. My pleasant task is all performed in the porch of the great temple where you serve daily. I need not blush then to speak the praises of the divine Art, even if you should blush to hear them.

I hear it said from time to time that the physician is losing his hold on the public mind. I believe this remark belongs to a class of sayings that repeat themselves over and over, like the Japanese machine-made prayers which our travellers tell us of, and with about as much thought in them. There are country people that are always saying there is a great want of rain—they would have said so in Noah's flood—for the first fortnight, at least; there are city-folks for whom business is always dull and money is always tight; there are politicians that always think the country is going to ruin, and there are people enough that will never believe there are any "good old-fashioned snow-storms" now-a-days, until they have passed a night in the cars between a couple of those degenerate snow-banks they despise so heartily. There are many things of this sort which are said daily, which always have been said, and always will be said, with more or less

of truth, but without any such portentious novelty as need frighten us from our propriety.

We need not go beyond our own limits, Mr. President, to find ample reason for proclaiming boldly that the medical profession was never more truly honored or more liberally rewarded than at this very time and in this very place. There never lived in this community a practitioner held in more love and veneration by all his professional brethren and by the multitude who have profited by his kind and wise counsel, than he who, having soothed the last hours of his long cherished friend and associate, still walks among us, bearing his burden of years so lightly that he hardly leans upon the staff he holds; himself a staff upon which so many have leaned through fifty faithful years of patient service. Talk about the success of the unworthy pretender as compared with that of the true physician—why, what man could ever have built up such a fame among us, if he had not laid as its corner-stone, Truth, Fidelity, Honor, Humanity,—all cemented with the courtesy that binds these virtues together in one life-long and inseparable union.

Do you complain of the failing revenues of the profession? I question whether from the time when Boylston took his pay in guineas, through the days when John Warren the elder counted his gains in continental currency, looking well in the ledger and telling poorly at the butcher's and the baker's, there was ever a prettier pile made daily than is built up by one of our living brethren, who fought his way up stream until the tide turned and wafted him into reputation, which makes his labors too much for one man and something over two horses. The success of one such diligent and faithful practitioner is the truest rebuke to charletanism. It is a Waterloo triumph —a Perry's victory—not over the squadrons of *Lake* Erie, but the piratical craft of *Quack*-ery.

This world is not so different now from what it always has been. Pliny tells us stories of medical pretenders as good as any modern ones. Dionis has given us in a dozen pages a very pleasant account of the famous charletans of his own time, which one of our good friends has translated for us into equally pleasant English. The particular shoe that pinches at the moment seems, it is true, the most ill conditioned bit of leather that was ever cobbled, yet there has always been about the same amount of pinching from the same cause. You complain, for instance, of my old friends, the Homœopathists. I grant you it is provoking to see a former patient smacking his lips over their Barmecide therapeutics. But, after all, they are less exceptionable, personally, and less dangerous than many other wholesale theorists. Then look for a moment at the course which the system follows in almost any community. It appropriates a certain predisposed fraction of the public, and having made converts of them for a longer or shorter period, its power is mainly exhausted in that locality. And what are these predisposed subjects? Many are simple and credulous, some are intellectual and cultivated, not a few of eminent social standing; but, with rare exceptions, they are just exactly the most restless, uncomfortable class of patients the physician has to deal with, poets with billious fancies, divines, whose medical opinions are offered as gratuitously as your advice is expected to be given; philosophical dilettanti, who insist on being dissatisfied with the only kind of answer a reasonable patient should expect.

Opium facit dormire
Quia est in eo
Virtus dormitiva,
Cujus est natura,
Sensus assoupire.

All that class, in short, who, instead of pulling the ropes as they are bid when there is a heavy gale and a lee shore, insist on going aft and breaking the eleventh commandment—

"No conversation with the man at the helm!"

On the whole, if our friends, who have a perfect right to choose their own names, will spare us that little impertinence of calling medical practitioners "allopathists," the profession is well off to have no worse antagonists. The next fancy that turns up may not be as harmless. The old brown rat of England was bad enough, but by and by the gray Hanover rat came and ate him up. Unfortunately he ate up the cheese and the bacon too, and a great deal faster than the old practitioner had done before him.

We may be well contented then. If we have one man living among us as much loved and esteemed as ever a physician has been; if we have one man who makes his calling as remunerative as any have ever done in the midst of us, we may be sure there is no lack of respect or reward to all who deserve either. If our most obvious antagonism comes in a comparatively inoffensive shape and with very limited powers of aggression, we need not complain of our professional position.

Count in the published lists all that practice the healing art in this great centre of population, and who stand outside of your fellowship; all that trade in the fantastic pretenses of the many counterfeits that infest the outskirts of medical practice; the eclectics, the mesmerists, the botanics and the rest; rake all the dark alleys where the advertising sharper lurks behind his half-open door and his alais; count everything, male and female, red, white and black, clean and unclean, and though the catalogue is freely open, to every knave and ignoramus, it will be short compared to the list of the names which you enroll among your numbers from the same community. Weigh the amount of character, ability and knowledge represented in this list against the string of obscurities and more odious notorieties in the other, and you may judge, if health or life are anything to your fellow-citizens, what place we must hold in their regard.

"Hi regebant pata,"—*these governed the fates*, said the Natural Historian of ancient Rome, speaking of physicians. Governed the fates! Yes, and not only the fates of those that were under their immediate care, but often, through them, the fates of Empires and of interests wider and deeper than those of any earthly dynasty. Think of Dubois the elder, when the question was trembling in the balance whether France should be without an Empress, or her imperial master without an heir! Or go back to that bloody day of Saint Bartholomew, and look into the royal assassin's chamber—whom will you find there, hidden from the savage clubs and the crashing guns that were filling the streets with victims, while the bells of St. Germain l'Auxerrois were pealing their death notes to the hunted Huguenots? No brother, guilty of believing the detested creed; no mistress, whose blood was tainted with the stain of heresy; no favorite leader in arms, or council who had dared to defend the obnoxious faith—for Coligny's white hairs were the first to be dabbled in their blood; not one of these, but the wise

old man to whom Charles the Ninth once owed his accursed life; for the divine art sheds its blessings, like the rain, alike on the just and the unjust; the good and great surgeon, too good and too great for such a crowned miscreant, our own old patriarch of Chirurgery—Ambroise Pare.

Say, come down to nearer times and places, and look into the chamber where our own fellow-citizen, struck down without warning by the hand of brutal violence, lies prostrate, and think what fearful issues hang on the skill or incompetence of those who have his precious life in charge. One little error, and the *ignis sacer*, the fiery plague of the wounded, spreads its angry blush over the surface, and fever and delirium are but the preludes of deadlier symptoms. One slight neglect, and the brain, oppressed with the products of disease, grows dreamy, and then drowsy; its fine energies are palsied, and too soon the heart that filled it with generous blood is stilled forever. It took but a little scratch from a glass broken at his daughter's wedding, to snatch from life the great anatomist and surgeon, Spigelius, almost at the very age of him for whose recovery we look not without anxious solicitude.

At such an hour as this, more than at any other, we feel the dignity, the awful responsibility of the healing art. Let but that life be sacrificed and left unavenged, and the wounds of that defenceless head, like the foul witch's blow on her enchanted image, are repeated on the radiant forehead of Liberty herself, and flaw the golden circlet we had vainly written with the sacred name of Union!

Dii, prohibite minas! Dii, talem avertite casum!

I give you, Mr. President,

The Surgeons of the City of Washington—God grant them wisdom, for they are dressing the wounds of a mighty empire and of uncounted generations.

Dr. S. Durkee's Speech,

The true Medical Philosopher. While he admires and adores the grand and sublime in nature, will not overlook those beautiful minutiæ, which the microscope alone can reach.—Dr. Durkee will please respond.

Mr. Chairman: I have already, upon another floor, occupied at some length the attention of the Society on this anniversary occasion. I have in fact made my speech. I will not say I have made my mark, for I did not aim at that. But I will not now by any multiplicity of words, consume the time which belongs to others.

If I am not greatly at fault in my diagnosis, I perceive well marked physical signs, and rational signs,—very strong and agreeable signs,—signs not confined to the respiratory apparatus,—but crowding upon the sensorial region,—signs of mental congestion,—signs and emotions, which in my opinion should be allowed to have free vent. I rejoice to witness the workings of these pent up thoughts. Let the door be opened for their deliverance. I am certain, I say, that I see one and another, near by me, and in the distance, who in plain English, desire to speak. Let them come forward and stand in their appropriate niche as men of wisdom and masters of oratory. They hail from our mountains and hills, from our valleys and rivers, and from our cities and the borders of the ocean sea. Let them tell us and instruct us of what they have seen and known and read either in the unbound volume of nature or in the books of men.

By the time I finish, peradventure, I may give them a bone to pick and a pipe to smoke. And now one word as to my own personal history. It was my lot to be born in New Hampshire at almost the very foot of Mount Washington. My younger days were spent in sight of the great family of mountains, the principal of which I have just named. As the heart panteth after the water brooks, so at an early period of my professional career, I ardently panted for the day to come when my name should be recorded among those who belonged to the Massachusetts Medical Society;—a Society embracing upon its catalogue many who have served with distinguished ability at the Altar of Science, and have offered up their precious incense for the benefit of suffering humanity;—men, whose names will ever be regarded as so many shining lights in the bright firmament that overspans the broad domain of medicine.

Well, sir, in due time I spread my hopeful, my trembling pinions, and came among you. And while I take pride in saying that the Granite State gave me birth, I take equal pride in saying that the Bay State gives me life and happiness.

You have alluded to me as a lover and a student of microscopic anatomy. It is true that for some years I have been charmed with the beauties and the wonders which the microscope reveals in connection with our physical frame.

But I must tell you also, Mr. Chairman, that I have sometimes been shocked at the sight of some abnormal growth which is now and then developed both in our material and psychological organization. There is one form of stern and hideous development appertaining to poor humanity which it is truly distressing to find. The product to which I allude is not mentioned in any strictly scientific work on anatomy. And yet I will not pretend that I have discovered anything new. From what I have seen of the matter, and according to the best process of analytical anatomy to which I have been able to subject it, it appears to be of a benign character in the incipient stages of its growth, so far as one can judge both with the microscope and without it. But if allowed to remain in the system, and to progress in its tendencies, it is exceedingly apt to degenerate,—and to assume a malignant aspect. From the few specimens I have seen, I am not able to say that it has any fixed, any well defined, or uniform shape. It will be sufficiently truthful to say on this point, that it is amorphous or polymorphous. Its elementary constituents possess great durability, and in this particular there is a seeming propriety in regarding it as osseous in its real character. It contains numerous winding canaliculi, and many sly and left-handed retreats, into which the individual can plunge and from which he can emerge at will, and cut up all manner of capers, which remind us of the snares and traps of Hiawatha.

Its properties are such that it will never bend, and it breaks with extreme difficulty. The fragments sometimes come together again with a violent and spasmodic force. I should have mentioned that it contains a large portion of earthy matter. It may be said to be of the earth, earthy.

Although in the elegant and refined language of descriptive anatomy it can hardly be designated as bone, yet in the metaphorical diction of oriental poetry, as well as in the chaste and classical dialect of our red ancestors of the forest, it is eminently entitled to that name. This substance, by whatever epithet we call it, lies deeply buried in some of the soft tissues, especially the brain, which upon post mortem examination, is always

found to be preternaturally soft and flat. The morbid growth in question has a great many salient angles, and is a very rough affair to handle. It is extraordinary not only in its composition, but also in its effect upon the economy. It eats like a cancer, unless its action be changed or the substance itself be removed, root and branch, by some adroit and philanthropic operation, that graces the annals of modern Surgery; and its place be supplied by something more pure and genial in its attributes. Of one thing I am satisfied, and that is, that the operation for its removal should be performed at an early day. To this rule there is no exception; for if suffered to remain and exercise its dominion over the patient, it always proves to him and to those about him, what the foulest and blackest smut is to corn, what mildew is to wheat, and the curculio to our choicest fruit bearers. Whatever be the position, or the ancestry, or the prospects, or the hopes of the individual who carries it in his constitution, it strews his path with brambles by day, and gives him a pillow of thorns by night. It stings him like a scorpion; and rather than have it about him, he had better roll himself in the dust, like a dog that would rid himself of parasites. He is continually tossed upon a sea of troubles, and he poisons everything he touches. The effects upon some of the organs of sense are strange enough. The laws of vision seem to be broken, and no oculist is able to restore them. The eyes are injected with a fiery red, as in hydrophobia; and when he looks into a glass the demented man knows not himself. In fact his light is put under a bushel. The hearing is nearly gone. The poor wight is as deaf as the veriest adder. The voice of kindness, and persuasion, and reason, he cannot hear;—and to speak to him is like beating the east wind with a feather.

In the language of Shakspeare—

> "Tis a cause that hath no mean dependence
> Upon our joint and several dignities."

Without keeping you any longer in the dark, Mr. Chairman, let me tell you that I have in my mind's eye, the bone of contention;—if there be such a bone, whenever and wherever found, let it be cut out by the deepest Surgery; and like the bones of Moses, let it be buried where no man can find it; and let its place be filled with the warm and vital current of brotherly love.

> "Bathe now in the stream before you,
> Wash the war paint from your faces,
> Wash the blood stains from your fingers,
> Bury your war clubs and your weapons,
> Break the red stone from the quarry,
> Mould and make it into peace-pipes;—
> Take the reeds that grow beside you,
> Deck them with your brightest feather;—
> Smoke the calumet together,
> And as brothers live forever."

Dr. H. W. Williams' Speech.

The true dignity of the Physician. A deep sense of his duty to his fellow men, and a just regard to the rights of his professional brethren.

It is not without pleasure, Mr. Chairman, that I respond to your call, for I receive it as an assurance that it is not to our venerated fathers alone that you look for a just appreciation of the character and the duties of the physician; but that you expect also to find, in the young men of the profession, the same sentiments which have been so nobly inculcated in the precepts and illustrated in the lives of our seniors.

We are well aware that the responsibilities we have assumed are far higher than those which govern the ordinary relations between man and man. The transactions of commerce are undertaken in the hope of gain; and, provided this is secured without dishonest representations, the conscience of the merchant utters no reproach, no matter how severe the loss which may have been endured by others. But the principles which constitute the true dignity of the physician, bind him to constant exertion and self denial. They require him to seek for and proclaim every means which may promote the public health,—to be ever ready to communicate to his colleagues, for the public benefit, whatever knowledge he may have acquired in his own experience,—and to regard, everywhere and always, the welfare of his patient above his own advantage.

Acting on these principles, it is a part of the physician's duty to his fellow men to cause them to respect himself and his profession, and to ask, for services of which he knows the value, an honorable appreciation.

I recollect, Sir, a reply I heard from a Professor of the Faculty of Medicine at Paris, after the revolution of 1848, to the guard stationed at the hospital of which he was one of the physicians. They asked him, "What do you think of the republic?" I shall not forget his answer. "The best men,—the most intelligent,—the best educated,—at the head of the others;—that is my idea of a republic."

It is the privilege of this Society, Mr. Chairman, to assert, for its Fellows, a similar claim. It has a right to ask that the true gentlemen of the profession, who have devoted their lives to a vocation for which intelligence, education, honor, are among the first requisites, shall receive at least the respect which the honest sailor claims for his flag; that they shall not be classed, in public estimation, with the piratical charlatan.

The physician who truly honors his profession, will endeavor to respect and protect the rights of his brethren. While he is careful that the dignity of his calling shall not be sullied by unworthy acts of his own, he will equally avoid any ungenerous rivalry, or insinuations against the character or skill of his colleagues. And thus, fulfilling all his duties, though his name may not fill the trumpet of fame, *tuba mirum, spargens sonum*, yet he may hope for a worthy monument, in the grateful hearts of those whose infancy he has watched, whose life has been soothed by his care.

MASSACHUSETTS MEDICAL STATISTICS, FOR THE YEAR 1858.

From the *District Medical Society.* *Registered by* *M.D.;* *Residence,*

ZYMOTIC DISEASES,	JANUARY			FEBRUARY			MARCH			APRIL			MAY			JUNE			JULY			AUGUST			SEPTEMBER			OCTOBER			NOVEMBER			DECEMBER		
CHARACTERIZED AS	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.
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Roseola																																				
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BLANKS FOR THE ZYMOSES OF 1858.

By a vote of the Massachusetts Medical Society, May 25, 1858, the Secretary was directed to supply blanks to all the Fellows of the Society for returns of the Zymotic Diseases that may occur in each member's practice during the year 1858. The undersigned were chosen, one from each District Medical Society in the State, as a Committee to aid in carrying out this object.

Accompanying you have the form which (having removed it from the Communications) you are desired to fill and return to the Secretary of the District Society to which you belong, by the *9th day of January*, 1859. The blanks can be easily filled by referring to your Day Book and Visiting List, and having ascertained upon a separate piece of paper, or a slate, the several cases that have occurred, of which information is desired, they may be entered in the month in which they happened, on the line of the name of the disease, and in the sub-division of the month that designates the character of the disease as *Mild*, *Severe* or *Fatal*.

Where a case extends through a portion of two or more months, mark it in that month wherein it chiefly prevailed, as the case should be only once recorded in the return. Also when a case is seen by two or more Fellows, in consultation or otherwise, it should be reported only by the *attending* physician, who has had the chief care of it, because the number of severe and fatal cases would be very much augmented if this precaution were neglected.

The Zymoses, although comprising about one tenth of the nomenclature of diseases, are often met with in practice, and a continuous record of their appearance in various parts of our State will be highly valued by every physician. Let it be remembered, that if every one of the thousand or more Fellows of our Society will furnish his report as requested, he will get in return the reports of nine hundred and ninety-nine others. The object is to make a report on Zymotic Diseases for 1858, to the Society, at the next Annual Meeting.

Benj. Cutter, *Middlesex E.*	*Dist.*	J. G. Metcalf, *Worcester*	*Dist.*
H. I. Bowditch, *Suffolk*	"	T. R. Boutelle, *Worcester N.*	"
Edward Jarvis, *Norfolk*	"	Franklin Bonney, *Hampshire*	"
H. L. Sabin, *Berkshire*	"	T. K. De Wolf, *Hampden*	"
B. F. Seabury, *Barnstable*	"	L. D. Seymour, *Franklin*	"
Augustus Torrey, *Essex S.*	"	Benoni Carpenter, *Bristol N.*	"
H. C. Perkins, *Essex N.*	"	W. A. Gordon, *Bristol S.*	"
Nathan Allen, *Middlesex N.*	"	F. A. Jewett, *Plymouth*	"
R. L. Hodgdon, *Middlesex S.*	"		

The following list of the Zymoses, with their *Nomenclature* and *Synonyms*, is appended:

Anthrax. Syn.—Carbuncle.
Cholera, *epidemica*. Syns.—Algide, Asiatic, Asphyxiated, India, Malignant and Spasmodic choleras.
infantum. Syn.—Summer complaint of children.
morbus. Syn.—Common or Sporadic cholera.
Croup, *catarrhal*. Syns.—False croup, Spasmodic croup, Spasmodic laryngitis, Stridulous angina and Stridulous laryngitis.
pseudo-membranous. Syns.—True croup, Pseudo-membranous pharyngo-laryngitis, Pseudo-membranous laryngitis, Laryngeal diphtheritis—N.B. Spasm is common to both species.
Diarrhœa.
Dysenteria. Syns.—Dysentery, Colitis, Bloody flux.
Erysipelas. Syns.—Rose, Ignis sacer, St. Anthony's fire.
Equinia. Syn.—Glanders, human.
Febris, *intermittens*. Syn.—Fever and ague.
Febris, *puerperalis*. Syn.—Puerperal peritonitis.
typhoïdes. Syns.—Continued fever, Enteric fever, Dothinenteritis, Follicular enteritis, &c.
typhus. Syns.—Typhus gravior, Maculated typhus; Camp, Jail, Petechial, Putrid, Ship and Spotted fevers.
Hydrophobia. Syns.—Rabies, Canine madness.
Influenza. Syn.—Epidemic catarrh.
Paronychia. Syns.—Whitlow, Felon.
Parotitis. Syns.—Mumps, Cynanche parotidea.
Pertussis. Syn.—Hooping cough.
Pneumonia. Syn.—Lung fever.
typhoïdes. Syn.—Typhoid pneumonia.
Rheumatismus. Syn.—Rheumatism.
Roseola. Syn.—French or false measles.
Rubeola. Syn.—Measles.
Tonsillitis. Syns.—Quinsy, Esquinancie, Cynanche tonsillaris.
Varicella. Syn.—Chicken-pox.
Variola. Syn.—Small-pox.
Varioloid. Syn.—Modified small-pox.

MASSACHUSETTS MEDICAL STATISTICS, FOR THE YEAR COMMENCING JANUARY, 1859.

From the *District Medical Society.* *Registered by* *M.D.;* *Residence,*

ZYMOTIC DISEASES. Characterized as	January.			February.			March.			April.			May.			June.			July.			August.			September.			October.			November.			December.		
	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.
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Accompanying you have the form which (having removed it from the Communications) you are desired to fill and return to the Secretary of the District Society to which you belong, by the *9th day of January*, 1860. The blanks can be easily filled by referring to your Day Book and Visiting List, and having ascertained upon a separate piece of paper, or a slate, the several cases that have occurred, of which information is desired, they may be entered in the month in which they happened, on the line of the name of the disease, and in the sub-division of the month that designates the character of the disease, as *Mild*, *Severe* or *Fatal*.

Where a case extends through a portion of two or more months, mark it in that month wherein it chiefly prevailed, as the case should be only once recorded in the return. Also when a case is seen by two or more Fellows, in consultation or otherwise, it should be reported only by the *attending* physician, who has had the chief care of it, because the number of severe and fatal cases would be very much augmented if this precaution were neglected.

The following list of the Zymoses, with their *Nomenclature* and *Synonyms*, is appended:

ANTHRAX. Syn.—Carbuncle.
CHOLERA, *epidemica*. Syns.—Algide, Asiatic, Asphyxiated, India, Malignant and Spasmodic choleras.
infantum. Syn.—Summer complaint of children.
morbus. Syn.—Common or Sporadic cholera.
CROUP, *catarrhal*. Syns.—False croup, Spasmodic croup, Spasmodic laryngitis, Stridulous angina and Stridulous laryngitis.
pseudo-membranous. Syns.—True croup, Pseudo-membranous pharyngo-laryngitis, Pseudo-membranous laryngitis, Laryngeal diphtheritis. N.B.—Spasm is common to both species.
DIARRHŒA.
DIPHTHERITIS. Syns.—Diphtheria, Diphtherite, Pseudo-membranous inflammation of the fauces.
DYSENTERIA. Syns.—Dysentery, Colitis, Bloody flux.
ERYSIPELAS. Syns.—Rose, Ignis sacer, St. Anthony's fire.
FEBRIS, *intermittens*. Syn.—Fever and Ague.
puerperalis. Syn.—Puerperal peritonitis.
typhoides. Syns.—Continued fever, Enteric fever, Dothinenteritis, Follicular enteritis, &c.
typhus. Syns.—Typhus gravior, Maculated typhus; Camp, Jail, Petechial, Putrid, Ship and Spotted fevers.
HYDROPHOBIA. Syns.—Rabies, Canine madness.
INFLUENZA. Syn.—Epidemic catarrh.
PARONYCHIA. Syns.—Whitlow, Felon.
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PERTUSSIS. Syn.—Hooping cough.
PNEUMONIA. Syn.—Lung fever.
typhoides. Syn.—Typhoid pneumonia.
RHEUMATISMUS. Syn.—Rheumatism.
ROSEOLA. Syn.—French or false measles.
RUBEOLA. Syn.—Measles.
SCARLATINA. Syn.—Scarlet fever.
TONSILLITIS. Syns.—Quinsy, Esquinancie, Cynanche tonsillaris.
VARIOLA. Syn.—Small-pox.
VARIOLOID. Syn.—Modified small-pox.

MASSACHUSETTS MEDICAL STATISTICS, FOR THE YEAR COMMENCING JANUARY, 1860.

From the *District Medical Society.* *Registered by* *M.D.;* *Residence,*

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	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.	M.	S.	F.
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BLANKS FOR THE ZYMOSES OF 1860.

In order that the Fellows may be provided with suitable blanks for the year *commencing* January 1, 1860, the Secretary has supplied each Fellow with a duplicate copy, which should be sent by the 9th day of January, 1861, to the Secretary of the District Society of which he is a member. The blanks can be easily filled by referring to your Day Book and Visiting List, and having ascertained upon a separate piece of paper, or a slate, the several cases that have occurred, of which information is desired, they may be entered in the month in which they happened, on the line of the name of the disease, and in the sub-division of the month that designates the character of the disease, as *Mild*, *Severe* or *Fatal*.

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puerperalis. Syn.—Puerperal peritonitis.
typhoides. Syns.—Continued fever, Enteric fever, Dothinenteritis, Follicular enteritis, &c.
typhus. Syns.—Typhus gravior, Maculated typhus; Camp, Jail, Petechial, Putrid, Ship and Spotted fevers.
Hydrophobia. Syns.—Rabies, Canine madness.
Influenza. Syn.—Epidemic catarrh.
Paronychia. Syns.—Whitlow, Felon.
Parotitis. Syns.—Mumps, Cynanche parotidea.
Pertussis. Syn.—Hooping cough.
Pneumonia. Syn.—Lung fever.
typhoides. Syn.—Typhoid pneumonia.
Rheumatismus. Syn.—Rheumatism.
Roseola. Syn.—French or false measles.
Rubeola. Syn.—Measles.
Scarlatina. Syn.—Scarlet fever.
Tonsillitis. Syns.—Quinsy, Esquinancie, Cynanche tonsillaris.
Variola. Syn.—Small-pox.
Varioloid. Syn.—Modified small-pox.